Washington State Responds

Providing Educational Information on HIV/AIDS & Other Infectious Diseases and Reproductive Health

November 2003

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The Washington State Department of Health HIV Prevention & Education Services and Client Services share a web address. Go to www.doh.wa.gov/hiv.htm for access to both programs. You can also access the HIV Prevention & Education Services website at the old web address: www.doh.wa.gov/cfh/hiv_aids/prev_edu/.

Washington State Responds Newsletter Changes

This is the last issue that will be mailed out to you unless you are unable to access the Internet. In the event that you are unable to access the *Washington State Responds* (WSR) newsletter on the internet, you may call (360) 236 –3425 to be included on a mailing list to receive a print out of the pdf version that is on line. For WSR readers that will access WSR online, I can send you an e-mail notification that the new issue is available online. In order to receive this notice via e-mail, please send your e-mail address with the subject title: **WSR E-List**. All you need to include in your note is your complete e-mail address. Please send your e-mail to: **Teri.Hintz@doh.wa.gov.**

HIV/AIDS Trainings to meet State Licensing Requirements

LOCATION	PHONE NUMBER	2, 4, or 7 HOUR COURSES	COST	OTHER DETAILS
Anacortes (Skagit only)	(360) 299-1342 Jo Ann Hoover	4 hour 7 hour video courses	No charge	Offered by Island Hospital. For residents of Island, Skagit and San Juan Counties only.
Bellingham	(360) 715-8350	2 hour 4 hour 7 hour	$20.00 for 2hr $30.00 for 4hr $50.00 for 7hr	Offered quarterly through Bellingham Technical College.
Bellingham	(360) 715-8350	4 hour Infectious Disease Prevention for EMS	$30	Offered quarterly through Bellingham Technical College.
Bremerton (Kitsap County)	(360) 475-7359	2 hour	$10	Offered by Olympic College in Bremerton.
Bremerton (Kitsap County)	(360) 377-3761	2.5 hour 4 hour 7 hour	$21 for 2.5 hour $38 for 4 hour $65 for 7 hour	Offered by the American Red Cross.
Bremerton (Kitsap and Pierce County)	(360) 405-0430 (253) 474-5879	2 hour 4 hour	$15 for 22 hour $15 for 4 hour	Offered by instructor Francis Hall. Also available in Pierce County.
Clallam County (Forks/Pt. Angeles)	(360) 374-5288 lanajrm@centurytel.net	3 hour 4 hour 7 hour	$25 for 3 hour $35 for 4 hour $55 for 7 hour	Offered by Olympic Community Health Associates. Scholarships available.
Clallam County (Port Angeles)	(360) 417-2352 K. McDaniel	2 hour	$10 for 2 hour	Offered by Clallam County Health Department
Colville (Ferry, Stevens & Pend Oreille Counties)	1-800-827-3218 Angie	2 hour 4 hour	No cost for 2 or 4 hour classes	Offered by Northeast Tri-County Health District.
Cowlitz County	(360) 414-5599	2 hour 4 hour 7 hour	$10 for 2 hour $30 for 4 hour $45 for 7 hour	Offered by Cowlitz County Health Department
Coupeville (Island County)	(360) 678-5151	4 hour 7 hour	Call for info.	Offered by Island County Health Dept. and Whidbey General Hospital
Edmonds (Snohomish County)	(425) 640-1840	7 hour	$68 for 7 hour. Also receive one credit.	Offered by Edmonds Community College.
Everett (Snohomish County)	(425) 259-9899x16 Anne Miles	2 hour 4 hour 7 hour	$20 for 2 hour $30 for 4 hour $50 for 7 hour	Offered by Positive Women's Network

LOCATION	PHONE NUMBER	2, 4, or 7 HOUR COURSES	COST	OTHER DETAILS
Everett (Snohomish County)	(425) 252-4103x12 Laura	2.5 hour 4 hour 7 hour	$25 for 2.5 hour $30 for 4 hour $60 for 7 hour	Offered by the American Red Cross. Scholarships are available.
Grays Harbor	(360) 533-3431	4 hour	$30 for 4 hour	Offered by the American Red Cross
Grays Harbor and Pacific County	(360) 267-3404 (360) 267-3405	2 hour 4 hour 7 hour 10 hour	$25 for 2hr $35 for 4hr $55 for 7hr $85 for 10 hour	Offered by Critical Incident Stress Management (CISM). Also offer First Aid/CPR class.
Ilwaco (Pacific County)	(360) 642-2869 Lynn Roy	4 hour 7 hour	Cost varies	Offered by Ocean Beach Hospital.
Kirkland (King County)	(425) 739-8104 (425) 739-8112	7 hour	$69 for 7 hour	Offered by Lake Washington Technical College.
Mason County	(360) 352-8575	4 hour	$30 for 4 hour	Offered by the American Red Cross.
Mt. Vernon (Skagit County)	(360) 428-2151	4 hour 7 hour videos	$25 handling fee for tapes	Offered by Affiliated Health Services.
Mt. Vernon (Skagit County)	(360) 424-5291	2.5 hour 4 hour 7 hour	$25 for 2.5 hour $35 for 4 hour $45 for 7 hour	Offered by the American Red Cross.
Mt. Vernon (Skagit County)	(360) 853-7742 www.healthsafepro.com	2.5 hour 4 hour 7 hour	$25 for 2.5 hour $40 for 4 hour $60 for 7 hour	Offered by Professional Health & Safety Consultants.
Okanogan	(509) 422-7153 Corina	2 hour 4 hour 7 hour	$10 for 2 hour $20 for 4 hour $35 for 7 hour	Offered by the Okanogan Health District
Olympia (Thurston County)	(360) 352-8575	4 hour	$30 for 4 hour	Offered by the American Red Cross.
Olympia	(360) 352-2375	4 hour 7 hour	$30 for 4 hour $60 for 7 hour	Offered by United Communities AIDS Network (UCAN)
Puyallup (Pierce County)	(253) 841-3311	2 hour 4 hour 7 hour	$15 for 2 hour $40 for 4 hour $50 for 7-8 hour	Offered by H.E.L.P. (HIV/AIDS Educational Learning Place) the C.P.R. First Aid Company).
San Juan County	(360) 378-4474	2 hour 4 hour 7 hour	No charge for Island, Skagit & San Juan Counties	Offered by the San Juan County Health & Community Services.

LOCATION	PHONE NUMBER	2, 4, or 7 HOUR COURSES	COST	OTHER DETAILS
Seattle/King Co. & South Snohomish County	(206) 784-5655 www.healthinfonetwork.org	2 hour 4 hour 7 hour	$10 for 2 hour $25 for 4 hour $40 for 7 hour	Offered by Health Information Network. They will also travel to your facility.
Seattle	800-783-2437	2.5 hour 4 hour 7 hour	$30.41 for 2.5 hr $45.44 for 4 hr $53.21 for 7 hr	Offered by Health Impact
Seattle	(206) 726-3534	2 hour 4 hour 7 hour	$21 for 2 hour $30 for 4 hour $65 for 7 hour	Offered by the Amercan Red Cross
Seattle	(206) 282-1288	7 hour	Call for info.	Teen AIDS Prevention Education training for youth service providers, offered by Youth Care.
Spokane	(509) 326-3330 x210	2 hour 4 hour	$20 for 2 hour $30 for 4 hour	Offered by the American Red Cross.
Spokane	(509) 324-1542	7 hour	$50 for 7 hour	Offered by the Spokane Regional Health District.
Spokane	(509) 928-0423	7 hour	$45 for 7 hour	Offered by Visions Community Resources
Tacoma (Pierce County)	(253) 841-3311 Barbara Miller	2 hour 4 hour 7 hour	$30 for 2 hour $40 for 4 hour $50 for 7 hour	Offered by C.P.R. Company
Tacoma (Pierce County)	(253) 474-0600	2 hour 4 hour 7 hour	$15 for 2 hour $43 for 4 hour $55 for 7 hour	Offered by the American Red Cross
Tacoma (Pierce County)	(253) 566-5020 Linda Finkas	7 hour 7 hour Independent study	$40 for 7 hour $45 for video course	Offered by Tacoma Community College
Vancouver	(360) 992-2939 Press Option One	2 hour 4 hour 7 hour	$30 for 2 hour $50 for 4 hour $60 for 7 hour	Offered by Clark College Continuing Education Program. Take home program that offers discounts for 2 or more students.
Walla Walla	(509) 527-4330	7 hour	$45 for 7 hour	Offered quarterly by Walla Walla Community College.
Whitman County (Colfax)	(509) 397-6280	4 hour video course 7 hour video course	$25 handling fee for tapes	Offered by the Whitman County Health Department.

LOCATION	PHONE NUMBER	2, 4, or 7 HOUR COURSES	COST	OTHER DETAILS
Whitman County (Pullman)	(509) 332-6752	4 hour video course 7 hour video course	$25 handling fee for tapes	Offered by the Whitman County Health Department.
White Salmon (Klickitat County)	(509) 493-1101	2 hour 4 hour 7 hour Also have CPR and First Aid Classes	$25 for 2 hour $30 for 4 hour $50 for 7 hour	Offered by Skyline Hospital
Yakima	(509) 457-1690	2 hour	$20	Offered by the American Red Cross.
Statewide	(206) 784-5655 www.healthinfonet.work.org	HIV/AIDS 7-hour Video Course	$250	Offered by Health Information Network. Designed to assist health care facilities meet Washington State Licensing requirements.
Statewide	(206) 543-1047	HIV/AIDS Training Audiotape Course	$95 for 7.5 hrs	Offered by U of W School of Nursing. Designed to assist health care facilities meet Washington State requirements.
Statewide	(425) 564-2012	HIV/AIDS Self Study Program $100 Refundable Deposit	$60 for 4 hour* $80 for 7 hour* *includes mailing	Offered by Bellevue Community College Continuing Education and Health Information Network.
Statewide	(206) 726-1427	8-hour Videotape Series	$399	Offered by Barksdale Media. Designed to assist health care facilities meet Washington State requirements.
Statewide	(206) 320-9822	2 hour 4 hour 7 hour	$30 for 2 hour $45 for 4 hour $65 for 7 hour	Offered by Empowerment Institute. Course may be offered at your site.
Statewide Internet Classes	(360) 853-7742 www.healthsafepro.com	2.5 hour 4 hour 7 hour	$25 for 2.5 hour $40 for 4 hour $60 for 7 hour	Offered by Professional Health & Safety Consultants.
Statewide Internet Classes	1-800-346-4915 www.preventionmd.com	2 hour	$20 for 2 hour	Online course offered by Prevention MD.
Statewide Internet Classes	(707) 937-0518 www.nursingceu.com	2 hour 4 hour 7 hour	$20 for 2 hour $40 for 4 hour $70 for 7 hour	Washington State HIV/AIDS internet course offered by Wild Iris Medical Education.

HIV Counseling and Testing Training Schedule for 2003

These one-, two- and three-day courses will assist health care providers and others develop necessary skills for providing pre- and post-test counseling for HIV testing, as required by Washington State law.

These courses are not intended for the general public.

REGION	TRAINER	COURSE DATES
One (Spokane)	**Margaret Haas and Christopher Zilar** (509) 324-1542 or 1-800-456-3236 The cost varies according to length of class.	Dec. 9-11, 2003 3 day Jan. 28, 2004* 1 day *Last 1-day class offered
Two (Yakima)	**Deborah Severtson-Coffin** (509) 454-3322 The cost of the 2 day class is $85.	Nov. 6-7, 2003 2 day
Three (Everett)	**Eric Hatzenbuchier and Kevin Henderson** (425) 339-5251 The cost of the 2 day class is $75.	Nov. 18, 2003 1 day
Four (Seattle)	**Robert Marks and Mark Alstead** (206) 296-4649 or email to: diane.ferrero@metrokc.gov The cost for the 2 day class is $125. The cost for the 3 day class is $175.	Nov. 19-20, 2003 2 day
Five (Tacoma)	Kim Ingram (253) 798-2939 The cost for the 2 day class is $50.	Nov. 13, 2003 1 day Jan. 27-29, 2004 3 day
Six (Vancouver)	Beth McGinnis (360) 397-8111 The cost for the 2 day class is $100.	Nov. 5-7, 2003 3 day Dec. 12, 2003 1 day

Calendar

NOVEMBER 1, 2003

The annual **Halloween Ball** is back!! This popular fundraising event for the **Three Cedars** house in Tacoma continues to be sponsored by Mike Mitchell. There will be costumes, live music and dancing--so don't miss out on the fun!! For more information, call Three Cedars at: (253) 273-5533.

NOVEMBER 15, 2003

Frontline Hepatitis Awareness is holding a **Benefit Collectibles Sale** and educational day from 10:00 A.M. to 5:00 P.M. The event will be held at: 701 W. Elizabeth, in Monroe, WA, in the Blue Building. There will be a speaker at 1:00 P.M. and some light refreshments. If you would like to display or contribute please contact Ane at: 1-866-hep-gogo. Frontline plans to have Hepatitis testing available on this day. Frontline is proud to announce a joining with the National HCV Prison Coalition to educate and assist inmates in obtaining medical direction upon release, and in offering alternatives while incarcerated.

NOVEMBER 16, 2003

The 2003 AIDS Fundraising event for Snohomish County will be held at the Embassy Suites in Lynnwood. The fundraiser will include a dinner and art auction, as well as music by the Seattle Men's Chorus. For more information, e-mail: **dinein2003@juno.com** or call Jerri at: (425) 257-2101. Your $50 donation to attend this event goes to support the food program for people with HIV in Snohomish County, as well as the Needle Exchange Program, Rise n' Shine and other valuable services.

The Governor's Advisory Council on HIV/AIDS (GACHA) meeting will be 9:00 A.M. to 3:00 P.M. at the Wyndham SeaTac Hotel. For further information contact Lynn Johnigk at: (360) 236-3444 or e-mail her at: Lynn.Johnigk@doh.wa.gov.

DECEMBER 1, 2003

December 1st marks World AIDS Day 2003, sponsored by the American Association for World Health. Annual World AIDS Day events provide opportunities for communities in Washington State, our nation and throughout the world to educate people about HIV infection, and commemorate those who have died. For further information, go to: **http://www.unaids.org/wac/2002/index_en.html.**

United Communities AIDS Network (UCAN) holds it's annual **Commemorative Vigil** from 5:00 P.M. to 7:00 P.M. at the Farmers Market, 401 Capital Way North, in Olympia, WA. Refreshments and music provided.

DECEMBER 12, 2003

The Governor's Advisory Council on HIV/AIDS (GACHA) meets from 9:00 A.M. to 1:00 P.M. at the Red Lion SeaTac Hotel (formerly the WestCoast SeaTac). The **AIDSNET Council** will meet from 1:00 A.M. to 3:00 P.M. For further information, contact Lynn Johnigk at: (360) 236-3444 or e-mail her at: **Lynn.Johnigk@doh.wa.gov.**

JANUARY 12, 2004

Emery University is offering a **Colposcopy Course** January 12-16, 2004 in Atlanta, GA. The tuition is $1,200, but tuition waivers are available for Title X practitioners. Please contact **Tanya Jisa** via e-mail at: **tjisa@emory.edu** or by phone at: (404) 523-1996, ext 109, for course requirements and registration information.

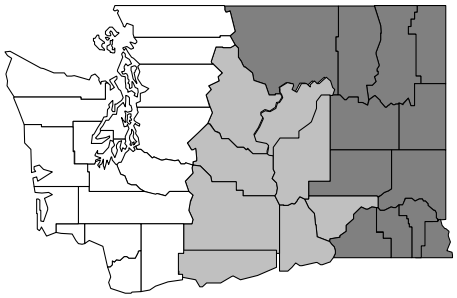
JANUARY 24, 2004

The AIDS CareTeam Volunteer Training will be held from 8:30 A.M. to 4:45 P.M. at the All Pilgrims Christian Church, 500 Broadway Avenue East, Capitol Hill, Seattle. This training is for people interested in becoming HIV/AIDS volunteers as members of congregation-based AIDS CareTeams and other Multifaith Works programs. Through their caring attitudes, AIDS CareTeam members encourage empowerment, acceptance and hope. Please pre-register by Friday, January 16, 2004. For further information, please call (206) 324-1520 ext. 226 or e-mail: **CareTeams@multifaith.org.**

FEBRUARY 14, 2004

Save the dates for the **Ryan White National Youth Conference on HIV and AIDS planned for February 14-16** in Portland, OR. To find out more about the conference go to: **www.rwnyc.org.**

Regions 1 & 2



Region One (dark area) includes Adams, Asotin, Columbia, Ferry, Garfield, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens, Walla Walla and Whitman Counties. The Region One AIDSNET Office is in Spokane and the Coordinator is Barry Hilt at (509) 324-1551.

Region Two (gray area) includes Benton, Chelan, Douglas, Franklin, Grant, Kittitas, Klickitat and Yakima Counties. The Region Two AIDSNET office is in Yakima and the Coordinator is Wendy Doescher at (509) 249-6503.

Transitions

Grant County Health Department has hired **Alicia Hubbs** as a part-time outreach worker to assist with group-level interventions targeting men who have sex with men (MSM) in the migrant community. She is bilingual and will be an asset to the effectiveness of group interventions working with the migrant and youth communities.

Announcements

The **Whitman County Syringe Exchange** is slowly growing and has included information about the Exchange on the national **Harm Reduction Website** (www.harmreduction.org). The Exchange advertises a toll-free telephone number (888-707-3904) for people to call and make arrangements to meet with staff for the exchange. They meet at a place is where both people feel safe. Other harm reduction materials such as condoms and lube, bleach kits, antibiotic ointment, educational and referral information are also available at the time of the exchange meeting.

The Regional Outreach & Prevention Education Development Program (ROPED) is going strong and looking forward to another year of success. ROPED continues to focus HIV prevention efforts on the **American Indian** community, with emphasis on the Colville and Spokane Reservations and urban Indians residing in Spokane County. ROPED has established excellent partnerships with Tribal Health Programs, Community Services and Rez Stop of the Colville Confederated Tribes, as well as the Spokane Tribe of Indians Community Services and Health and Human Services Behavioral Health Program. ROPED has had great success in reaching at-risk American Indians through a strong new partnership with the **Spokane Community Detox Program. Through these on-going collaborative efforts,** ROPED has succeeded in increasing access of at-risk American Indians into HIV counseling and testing services along with other prevention interventions. ROPED will sustain delivery of program interventions at targeted events and established sites, as well as work closely with community partners for continued program enhancement and accessibility of services to at-risk American Indians. Additionally, over the next few months ROPED will be concentrating on increasing partnerships with providers who serve the target audience. For more information, contact Becky Nauditt at: (509) 236-2430 or 866-619-AIDS, or email to: **bnauditt@icehouse.net.**

As many **migrant farm workers** are completing fall harvest, the migrant workers groups provided by the **Yakima County Health District** will taper off. Counseling and testing will continue to be offered on the first Friday of each month for these at-risk individuals. Counseling and testing continue to be offered at the Yakima Health District every Thursday, 2:00 P.M. to 4:00 P.M. The Yakima Outreach team continues to do counseling and testing for the

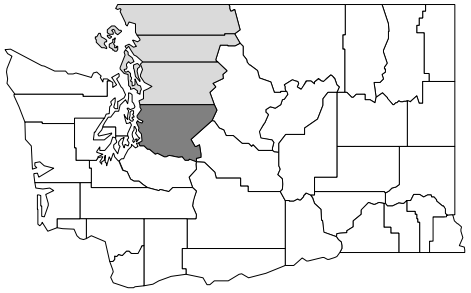
Yakima **POCAAN (People Of Color** Against AIDS Network) office for at-risk groups. High risk groups continue to be held at the Restitution Center every other month for female and male inmates.

The **Yakima County Needle Exchange** has a physician available every other week to help clients with wound care and antibiotic treatments. Needle Exchange clients had a botulism scare among black tar Heroin users. Four people became ill with botulism and were hospitalized. C. Contreras and J. Vargas worked with Dr. Chris Spitters to do the investigation with the ill clients. The Needle Exchange staff continues to do education regarding botulism and wound abscesses; this has brought more people in to seek medical care at the needle exchange.

Grant County HIV Program staff have been busy holding group interventions in the jail and drug treatment centers, as well in the migrant and intravenous drug using (IDU) communities. Group participants have been very active and vocal about prevention in their respective communities. The group interventions in the jail have been so successful that evening sessions are being planned at the work release center as well. Grant County Public Health District thanks the Grant County Jail administration and correctional staff for allowing access to their facilities to hold these groups and being as helpful as possible. Jail staff have acknowledged the impor-tance of educating high-risk groups and have become an important partner in HIV/AIDS education and prevention in Grant County.

Grant County continues to have HIV counseling and testing on Tuesdays by appointment or walk-in basis, as well as high risk counseling and testing in Mattawa the first Wednesday of the month, at Family Planning in Moses Lake the first Thursday of the month, and at Soap Lake on the third Thursday of the month.

Regions 3 & 4



Region 3 (gray area) includes Island, San Juan, Skagit, Snohomish and Whatcom Counties. The Region 3 AIDSNET office is in Everett and the Coordinator is Alex Whitehouse at (425) 339-5211.

Region 4 (dark area) is King County. The Region 4 AIDSNET office is in Seattle and the Coordinator is Karen Hartfield, who can be reached at (206) 205-8056.

Transitions

Quinten Welch has accepted the position of Educator Consultant I with **Public Health Seattle King County HIV/AIDS Program (PHSKC).** Quinten comes to the HIV/STD Education Team to work as a liaison with community efforts to promote HIV prevention among gay and bisexual men. In addition to general health education duties, he will work to encourage community collaborations that enhance local HIV prevention efforts serving gay and bisexual men, with a focus on enhancing services to men of color. Quinten has many years of experience with Seattle HIV prevention efforts. During the past 11 years Quinten has worked as an educator, community organizer, and administrator for organizations that include the Gay City Health Project, the People of Color Against AIDS Network, the Northwest AIDS Foundation and the Seattle Treatment Education project.

Those of you who are fortunate enough to already know Quinten, know that he is widely respected for his commitment and his excellent work with many different communities. Public Health Seattle and King County (PHSKC) is confidant that the community will benefit from the wealth of skill and knowledge that Quinten brings to his work with our program. Please join in extending congratulations and welcome to Quinten as he begins his work with Public Health.

Announcements

Be it in celebration of Kwanzaa, Hannukah, Christmas or the Winter Solstice, **Rise n' Shine's Holiday Party** is about coming together in the spirit of the season. Sure, the food, the gifts and the fun always draw a crowd, but it is the feeling of togetherness that makes our Holiday Party truly special and our most well attended family event.

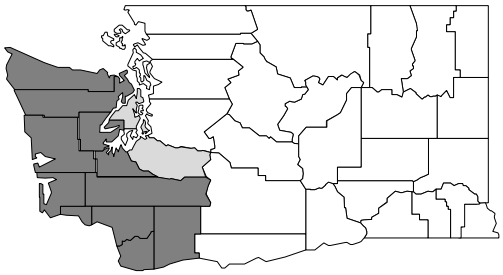
Many children and teens dream of presents under a tree during the holidays. Through truly incredible donors and volunteers the dreams of Rise n' Shine children come true. Each child gives us their wish list of needs and wants and we match these children with donors who buy specifically for that child.

If you want to sponsor a child with one gift or their entire list, or want to donate gifts, money or holiday presents for the holiday party, contact: **Michael@risenshine.org** or (206) 628-8949 Ext. 211. It's never too early to plan for the holidays.

Shanti volunteers provide one-to-one support and companionship to a diverse community of people affected by HIV/AIDS, cancer, and other life-threatening illnesses. **Volunteer opportunities include: offering one-to-one emotional support, working in** the Shanti office,

participating in fundraising activities and special projects or serving on the Board of Directors. People fluent in Spanish or American Sign Language are encouraged to apply. Shanti is a program of Multifaith Works. For more information please call (206) 324-1520 or go to: **www.seattleshanti.org.**

Regions 5 & 6



Region 5 (gray area) includes Kitsap and Pierce Counties. The Region 5 AIDSNET office is in Tacoma and the Coordinator is Mary Saffold at (253) 798-4791.

Region 6 (dark area) includes Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Lewis, Mason, Pacific, Skamania, Thurston and Wahkiakum Counties. The Region 6 AIDSNET office is in Vancouver and the coordinator is David Heal at (360) 397-8086.

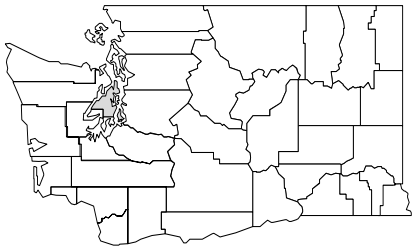
Announcements

HIV Testing is offered on Thursdays at the **Pierce County AIDS Foundation at 625** Commerce, Street, Suite #10 from 9:00 A.M. to 1:00 P. M. and at the Pierce County **POCAAN (People of Color** Against AIDS Network) from 6:00 P.M. to 8:00 P.M. For further information, please call (253) 383-2565.

Free Hepatitis A & B shots are offered at the **Tacoma Pierce County Health Department** Tuesdays from 1:00 P.M. to 4:00 P.M. for individuals with high-risk behaviors.

Statewide

Announcements



HIV/AIDS Case Management Training for the Spokane Tribal Clinic

HIV Client Services staff collaborated with the Northwest AIDS Education and Training Center (NWAETC) South Puget Intertribal Planning Agency (SPIPA) and Spokane Regional Health District (SRHD) to present a training at the Spokane Tribal Clinic. Evelyn Pentecost, HIV Client Services, took the lead and coordinated with Chiquita David, SPIPA and Ann Riedel, SRHD, to develop the curriculum and presentation on HIV/AIDS case management. Gwendolyn Duff, SRHD, provided training on HIPAA. Additionally, Ann is providing a preceptorship for one of the Spokane Tribal Clinic's case managers. The training was very much appreciated by the participants.

HIV Client Services Speaker at Washington State Latino Health Conference

Monique Ossa, HIV Client Services, was one of two plenary speakers for the Friday morning general session at the **Latino Health Conference.** The emphasis of this session was how the Department of Health supports Latino health in Washington State. Ms. Ossa spoke on the role of HIV Client Services in supporting the HIV-infected

Latino community. She presented on the HIV Early Intervention Program (EIP), emphasizing services available to HIV-infected Latinos. Monique included data on the number of Latinos accessing Washington's EIP and AIDS Drug Assistance Program. She spoke on the special needs of Washington's Latino community including services for migrant workers and Spanish speaking monolingual clients. Monique also spoke on insurance options for HIV-infected Latinos. HIV Client Services is committed to providing support to Latino communities so that they are able to access appropriate HIV/AIDS services.

What's in Your African American Facilitators Toolbox?

The Department of Health, HIV Prevention and Education Services sponsored the ***What's In Your African American Facilitators Toolbox*** training on September 11 in Moses Lake and on September 12 in SeaTac. The training was conducted to assist those organizations presenting group-level HIV prevention services to African Americans to make the training more Afro-Centric. Those in attendance learned about the NGUZO Notes (NGUZO is Swahili for principle.) The notes are a small compilation of libations, openings, closings, ice-breakers, etc. Seventeen participants from around the state attended the training. Based on the evaluations from the sessions, the training met their needs. The training was provided through a Capacity Building Assistance request and conduced by the Charles R. Drew University of Medicine & Science. For more information, contact Frank Hayes: (360) 236-3486.

The Washington State OraQuick® Rapid HIV Testing And Counseling Guide Is Now Available On The Web At:

http://www.doh.wa.gov/hiv.htm

The **Washington State OraQuick® Rapid HIV Testing and Counseling Guide** provides information that will enable public and private programs to evaluate if OraQuick® testing is appropriate for their setting.

This document includes:

- technical information;
- recommendations on practical implementation issues;
- examples of relevant procedures;
- forms for data collection; and
- discussion of the public health issues that should be considered (e.g., confidential versus anonymous testing; notification of partners).

HIV/AIDS Prevention and Education Services developed this guide for use by local health departments, community-based organizations, and others interested in implementing rapid HIV testing.

This document is a result of the HIV New Technologies Advisory Committee, formed in response to a recommendation from the 2001 HIV Policy Summit. The committee is composed of technical experts who assist the Department of Health in reviewing and developing guidelines for specific technologies in the field of HIV testing and related issues. This guidance was developed in partnership with the Office of Laboratory Quality Assurance and other units in the Division of Health Services Quality Assurance, the state Health Laboratory, the Office of the Attorney General, the Department of Labor and Industries and representatives of local health jurisdictions and the University of Washington. Go to the web to download the document and all of the forms it contains. For additional questions regarding this document and implementing rapid testing, contact Claudia Catastini by phone: (360) 236-3422 or e-mail: **claudia.catastini@doh.wa.gov.**

A Special Announcement from STEP

The Seattle Treatment Education Project (STEP) ceased operations as an independent agency on August 9, 2003. However, they announce that the programs continue without interruption as they have joined forces with Lifelong AIDS Alliance in Seattle. Now known as **STEP, a Program of Lifelong AIDS Alliance,** STEP is based in the headquarters of Lifelong AIDS Alliance on Capitol Hill. Although the STEP physical address has changed, the mailing address remains the same:

STEP, a Program of LIFELONG AIDS Alliance

Physical address: **1002 East Seneca Street**
Seattle, WA 98122

Mailing address: **PMB 998, 1122 East Pike Street**
Seattle, WA 98122-3934

Roberto Gonzalez continues as Treatment Educator, so please contact him if you have any treatment or prevention related questions:

Email: robertog@llaa.org
Direct line: 206-957-1659
Local TalkLine: 206-329-4857
New Toll Free National TalkLine: 1-888-399-7837

Continuing programs include publications (*STEP Perspective, STEP Ezine, BABES Perspective), community meetings, health* management workshops and the STEP TalkLine. Roberto is also available by appointment for group speaking engagements and one-on-one treatment and prevention discussions.

Finally, for those of you who would like to continue making tax-deductible donations in support of the STEP Program, please make your checks payable to Lifelong AIDS Alliance and specify that the funds are for the STEP Program. For further updates, call or visit online at: **www.thebody.com/step/steppage.html.**

AIDS Housing of Washington (AHW)

AHW has published a new book, ***From Locked Up to Locked Out: Creating and Implementing Post-release Housing for Ex-prisoners.*** Intended as a training resource for community organizations, this guide is a starting point for planning and improving post-release housing and related services to support the transition of individuals out of prison. The book includes examples of housing and service programs that are serving this

population and offers references to numerous resources for further reading and research. This publication was funded by the Housing Opportunities for Persons with AIDS (HOPWA) National Technical Assistance Program, in partnership with the U.S. Department of Housing and Urban Development's Office of HIV/AIDS Housing. ***From Locked Up to Locked Out*** may be downloaded for free from AHW's web site**, www.aidshousing.org.**

GLOBE: A world of good for kids in Snohomish County

Suzanne Pate, the Public Information Officer for the Snohomish Health District, submitted the following article about the GLOBE program.

The GLOBE program at Snohomish Health District spins on an axis of education and peer support. The acronym "GLOBE" stands for "Gay, Lesbian, Open-minded, Bisexual Empowerment" –- but for a young man who calls himself Phoenix, GLOBE means he's not alone on this planet after all.

"High school really sucked," said Phoenix. "I'd walk down the hallways and hear people call me 'fag' and 'queer.' The teachers wouldn't do anything, so I left. I had some friends who accepted me for who I was, but not many."

When his mother insisted he wasn't gay, Phoenix moved out to an even less hospitable environment. For a year he found low-pay jobs, intolerant bosses, abject loneliness, and anti-gay harassment. Fired from work at a bakery and soon evicted from his apartment, Phoenix lived in his car for two months. But then the world turned for him.

In response to a "personals" ad Phoenix had posted, a member of the Gay Men's Task Force directed him to GLOBE information.

"I wanted to meet people more my age who were dealing with the same issues I was," Phoenix recalled. "My first GLOBE meeting was very relaxed—and there was food! I was quiet and kind of scared. It was kind of weird for me at first to say, 'Yeah, I'm gay' to people who were also like this. It was okay to be who I am."

Snohomish Health District has welcomed young people ages 14 to 20 to GLOBE since starting the program in 1993. Attendance has grown steadily over the years, and currently averages a 50/50 mix of 20 young men and women at each meeting.

"The kids often say the GLOBE meeting is the best part of their week," said Brenda Newell, co-facilitator of the GLOBE program. "We make a safe space where the kids can be who and what they are with their peers, and where they can learn skills to lead healthy lives," she said.

Newell and her teammate, Eric Hatzenbuehler, modeled the program on 40 developmental assets for building positive identity in youth. Adult volunteers assist at weekly two-hour meetings that center on discussions about coming out, harassment issues, safer sex, and healthy relationships. Before and after meetings, appointments are available for counseling, wellness, HIV/STD testing, and community referrals for housing, drug/alcohol treatment and mental health support.

Annual activities include organizing the Links & Alliances regional conference for GLBTQ youth, and a weekend retreat that focuses on decision-making, self-esteem, and discerning values and goals. "The primary focus of GLOBE is to reduce transmission of HIV in young gay, bisexual and questioning men," said Newell, "but we have opened GLOBE to include other youth who face the same health and wellness issues because they also need prevention skills and support for making healthy decisions."

Hatzenbuehler noted that GLOBE is also a valuable outreach tool to guide these young men into one-on-one prevention counseling, and into the Friend-To-Friend program ---a statewide group-level intervention.

Phoenix said GLOBE turned his life around. "At GLOBE I learned how to set boundaries… find positive work

situations…and get a better idea of what it is to be a gay adult," he said. "Before GLOBE, I didn't much know what happened after you came out – do I just become some AIDS victim? I instead found out I was just like everyone else.

I had contact with positive role models. And being with people who actually care about you – it like fills a need, to see and hear that it's okay instead of hearing all the negativity I heard in high school. [I learned]…that I'm a good person."

The GLOBE co-facilitators concur in the empowering nature of GLOBE, but also credit Phoenix with having "the right stuff."

"He had the resilience to make all the healthy decisions already — it was the being alone that was working against him," said co-facilitator Hatzenbuehler. "He was advocating all on his own."

Phoenix continues his connection with the health district on a GLBTQ youth speaker's panel, and in its Quest group for GLBTQ adults. For more information about the GLOBE program and assets model, visit: www.globeyouth.org or call Brenda Newell or Eric Hatzenbuehler at: (425) 339-5239.

Community Planning

The six **AIDSNET Regions** continue to coordinate the local planning process through meetings of the Regional Planning Groups (RPGs). This process absolutely requires input and participation from members of the community infected and affected by this epidemic. Are you willing to become one of the voices that support effective prevention efforts? If so, please contact your local Regional Coordinator or DOH contact in the list below, for more information.

Barry Hilt
Region 1 AIDSNET (Spokane) – (509) 324-1551

Wendy Doescher
Region 2 AIDSNET (Yakima) – (509) 249-6503

Alex Whitehouse
Region 3 AIDSNET (Everett) – (425) 339-5211

Karen Hartfield
Region 4 AIDSNET (Seattle) – (206) 296-4649

Mary Saffold
Region 5 AIDSNET (Tacoma) – (253) 798-4791

David Heal
Region 6 AIDSNET (Vancouver) – (360) 397-8086

Brown McDonald
State Planning Group (SPG) – (360) 236-3421

HIV Prevention

Interventions that Work

By Frank E. Hayes; DOH, HIV Prevention and Education Services

The October/November 2002 issue of the Sexuality Information and Education Council of the United States (SIECUS) Report (Volume 31, Number 1) published an article titled "*A 10-Step Strategy to Prevent HIV/AIDS Among Young People*". Reaching young people is an ever-challenging task for numerous reasons. The 10-steps of their strategy were:

1. **End the silence, stigma, and shame** – fostering openness about this issue and being able to talk with young people about HIV/AIDS.

2. **Provide knowledge and information** – young people cannot protect themselves if they don't know the facts about HIV. Increasing knowledge through schools, communities and the media is important.

3. **Provide life skills to put knowledge into practice** – knowledge is great, but young people cannot change behavior based on knowledge alone. Skills are a necessary component of the learning and changing process.

4. **Provide youth-friendly health services** – services necessary to prevent HIV and other sexually transmitted diseases include access to condoms as well as HIV counseling and testing.

5. **Promote voluntary and confidential HIV counseling and testing** - most of the people living with HIV do not know their status. Yet studies show young people have a strong interest to know their status.

6. **Work with young people and promote participation** – using and harnessing the energy young people have to develop programs to reach their peers is invaluable.

7. **Engage young people living with HIV/AIDS** – enlisting the services of young people who are HIV positive to communicate with other young people will be powerful.

8. **Create safe and supportive environments** – youth need to feel comfortable at home, school and in their communities to increase their ability to protect themselves from HIV.

9. **Reach out to young people most at risk** – these young people are on the periphery of society and face enormous difficulties obtaining assistance.

10. **Strengthen partnerships and monitor progress** - protecting young people from HIV cannot be accomplished by one sector of society. Commitment and resources from all sectors must be present.

Each step is important as a stand-alone point. A collaborative effort between parents, schools, and the community to ensure young people have the tools they need to protect themselves from HIV is a must. In the role of public health, the 9th point is our most important role. Incorporating the other 9 points when we form our HIV prevention programs is imperative, but we MUST be the entity to reach out to those young people at high risk for acquiring the HIV virus. Alone, public health cannot provide all the HIV prevention messages and efforts needed to reach young people. Enlisting assistance from parents and educational institutions will ensure young people are receiving HIV prevention messages from three important major sources.

Intervention in the Spotlight

Intervention Type: Individual Level Intervention

Risk Transmission Category: Injection Drug Users

Behavior Placing Them at Risk: Sharing needles (crack users); unprotected sex

Setting: Community setting

Study Title: "*The Health Intervention Project: HIV Risk Reduction Among African American Women Drug Users*", Claire E. Sterk, PhD, Public Health Reports 2002, Volume 117, Supplement 1 S88-S95

Article Description:

This intervention was conducted in Atlanta, GA, which has a large African American population. Injecting drug use, unprotected sex with an injecting drug user, and unsafe sex to support a drug habit have been attributed to approximately one third of the AIDS cases in the United States. The article provided statistical surveillance data about HIV/AIDS in the African American community from the Center for Disease Control and Prevention. The data showed that even though African Americans are only 12% of the population, they account for 54% of the new HIV infections and 47% of the new reported AIDS cases. The disproportionate rate of HIV is especially high in African American women (46 per 100,000 which is significantly higher than the 2 per 100,000 for white women). Data from the National Institute on Drug Abuse showed that between 1985 and 1999, more than twice as many African Americans than whites became infected with HIV and developed AIDS as a result of injecting drugs. This information provided additional proof showing the disproportionate infection rate of HIV among people of color.

When we talk about effective HIV prevention intervention, we emphasize the necessity to "meet the people where they are" and "treat the whole person". This intervention went a step farther than many and discussed the societal reasons people are at risk for HIV. They explained that focusing only on individual risk factors and not realizing people are a party of a larger social context means you might be missing important information that will assist in the delivery of your intervention. One of the examples used is a female crack user that has sex to support her drug habit. Her behavior may be viewed as individual because she may lack education, skills, or the motivation to change her risky behavior. Not considered is the availability of crack in her community, poverty, lack of options, social norms about bartering sex for crack, and the nexus of racism, sexism, and classism also increase her risk. Some may choose to think this is trying to place the blame for a person's risky behavior on someone else, but it should be viewed as looking at all the factors that may be the reason for an individual engaging in risky behavior.

The Health Intervention Project (HIP) consisted of a formative research phase and two interventions. Several themes were noted during the one-year formative phase, when women were interviewed. It was revealed that many of these women were introduced to drugs by a male partner, supported their own and their partner's habit, and often exchanged sex for drugs or money. For those women who bartered sex for drugs, they lacked the option to be paid in money and their paying partners were often demanding, expecting sex without a condom, excessive sex or unusual sex acts. The women emphasized the necessity of having the intervention conducted in a place in the community with no affiliation with a specific program.

They also wanted the facility to serve as a drop-in center for women only. This prioritized population needs assessment provided valuable information in the formulation of the intervention. It was determined the intervention needed to address the role in the women's life played by men. This included steady partners, non-steady partners, paying partners, and non-paying partners. It was also determined that coercion, abuse, and other trauma should be included in the intervention. The women also provided opinions how the intervention sessions should be set up.

As a result of the interviews, two separate interventions were initiated. The **motivation** intervention consisted of four sessions. During the first session, HIV counseling and testing was conducted and each participant developed an action plan. In the following sessions, the woman's efforts, successes, and failures were reviewed. They were provided the opportunity to revise their personal goals, and assisted in recognizing their triggers for relapse and in developing ways to avoid or respond to those cues. The role of the interventionist was to facilitate problem-solving skills. The woman was expected to decide which issues to address and how to address them. At times, a woman would set expectations that may have been too high for her to reach. The role of the interventionist was not to discourage them from their goal, but to help them lay out the steps that would be required to reach their goal. The woman may realize her goal might be too involved and would work toward setting a goal that was more realistic to reach. Another important part of this intervention was realizing the woman might be in several stages of change at the same time. An example given was a woman might be in the action stage for condom use for vaginal sex with her casual partner, at the contemplation stage for condom use for vaginal and oral sex with her steady partner, and at the ready for action stage with safer drug use.

The other intervention that arose out of the interviews was the negotiation intervention. This intervention had four individual sessions as well. However, this intervention focused on technical and communication skills. Like the motivation intervention, the woman developed an action plan with the assistance of the interventionist. During the four sessions, the plan was reviewed. The focus was on HIV reduction, but concerns the woman had that were not directly related to HIV could be discussed only after HIV related issues were discussed. During this intervention the woman was introduced to assertive communication and encouraged to develop her own assertive statements for various situations. One of the first sessions of this intervention involved talking about sex. For a woman to be direct about her intentions, she needs to know her bottom line. The key to negotiations was to be direct, but not aggressive, sarcastic, hostile, or accusatory. Communication about paying and nonpaying partner and steady and casual partner relationships was also explored. The women discussed their expectations for each type and how talk about sex fit into each one.

Once HIP was started, women were randomly assigned to one of the two interventions. One of the main lessons learned from HIP is that a successful prevention intervention must be holistic. They also emphasized that the intervention must be racially, ethnically, and culturally appropriate. Effective interventions require cultural as well as social change and should be sensitive to the population being served. From the formative research stage throughout the completed intervention, the theme I took away from the article was meeting the clients where they happen to be at any given time; this is imperative in assisting clients to change risky behavior. Hopefully, I have supplied enough information for you to understand the program. If your prioritized population fits this intervention, it may be replicated. If there are differences, adaptation of this intervention may be necessary to meet your populations' needs. To ensure effectiveness, you must remember to maintain the core elements. After reviewing the article and web site, the core elements are:

1. **Formative Research Phase – investigated what the community said would work;**

2. **Four individual contacts (Assignment to the Motivation intervention or the Negotiation intervention;**
3. **Ethnically, racially, and culturally appropriate; and**
4. **Meeting clients where they are in terms of risk behaviors**

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HIV Care News

BY ROBIN VAUGHN; DOH, HIV CLIENT SERVICES, EARLY INTERVENTION PROGRAM

Early Intervention Program Update

With the New Year approaching, HIV Client Services is considering several program changes. These changes include additional requirements in the application process for the Early Intervention Program (EIP). These requirements are in accordance with state auditor requirements, EIP policies and the Ryan White CARE Act. The changes that are being considered are:

- Requiring documentation of the client's address
- Requiring clients without income to sign a statement of no income along with a written statement of how the client is supported
- Requiring a copy of the client's insurance card
- Requiring certification of HIV status from the medical provider

Client Services staff is updating the EIP application form. The new application will take effect with client eligibility beginning January 1, 2004. We will send a supply of the applications in English and Spanish to case management agencies in November.

Please contact our office if you have any questions. Our phone number is 1-877-376-9316. You may get more information about our program at our website: **www.doh.wa.gov/cfh/hiv.htm**.

Family Planning & Reproductive Health

Submitted By Joyce McCollough; DOH, Family Planning and Reproductive Health

Study to Look at Extent and Causes of High-Risk HPV

A three-year research study to learn more about how many women in the U.S. are infected with genital human papillomavirus infection (HPV) is being done with the help of the Centers for Disease Control and Prevention at clinics in the Washington health system and clinics in five other cities in the U.S. It will also look at what things increase a woman's chance of having the infection. The study will include about 2,000 women in Seattle and over 10,000 women in all six cities.

Genital HPV is a virus that is transmitted through sex. HPV is one of the most common sexually transmitted diseases in the U.S. It is important because it can cause abnormal Pap smears and cancer of the cervix in some women. There are many different strains of genital HPV. Of the 38 types currently recognized, 18 are considered to be high-risk, meaning they have high associations with cancer of the cervix.

Women with manifestations of HPV infection develop either genital warts or cell abnormalities called squamous intraepithelial lesions, which are identified on a Pap smear. However, most women who have infection with high-risk HPV do not know they have the infection and don't develop any important medical problems at all.

Risk factors for infection include young age, early age at first sexual intercourse, multiple sex partners within the last year, partners with multiple sex partners, tobacco use, having had children, immunosuppression, and low socioeconomic status. Other risk factors may include oral contraceptive use, dietary factors and other co-existing sexually transmitted diseases.

High-risk HPV infection is a necessary but not sufficient cause of cervical cancer. The proportion of women ever infected with HPV who go on to develop cervical cancer is very small.

The STD Focus

By Bonnie Nickle; DOH, STD Educational Resource Coordinator
STD 101 FOR OUTREACH WORKERS

New Ways to Learn About STD – The STD Case Series

The first two STD cases in a new online learning series are available at: **www.STDcases.org**. It is somewhat confusing to enter the site and register, but once there, outreach workers and clinicians will find an interactive experience that will help with patient coaching and patient care. Developed by sexually transmitted disease experts, the cases include links to the CDC's STD treatment guidelines, current references and other materials that you may want to introduce to clinicians new to STD practice. Staff turnover at many outreach sites is high and each new person needs education.

Outreach workers will notice that preparing a client to answer STD history questions is crucial to a good clinical workup. Too many infected people do not tell their doctors about their sexual practices and therefore do not get tested for HIV, syphilis, and other STDs. Number of partners, travel history, substance abuse, and practices such as douching are crucial in deciding what to consider in a workup and what tests to order.

Because of antibiotic resistance problems, your knowledge that a client has partners from other countries or even from other states could influence the choice of drugs to treat STD infection. If you know your client misses taking birth control pills or other medications because of homelessness, substance abuse problems or other reasons, coaching to get the most out of time with the clinician is very important as is testing and treatment of **all** partners. Be sure to check out the sexual history sections of the cases to understand how your knowledge and prompting of your client to disclose needed facts can lead to better diagnosis and treatment.

"No assumptions should be made about a patient's sexual behavior or gender of partners based on the use of oral contraceptives or other variables such as marital, educational or socioeconomic status" is one directive the experts are trying to communicate in this series. Remember, this is a teaching tool for clinicians and they need practice in posing open-ended questions when gathering information. So, while some of the clinical questions can be skipped, many outreach workers will do just fine with other parts of this series.

Selected Readings

How to Read the References

Author(s)**, Title**, Journal Name, Date or Year; Volume (Number): Pages.

Key:

* Popular Reading
** Moderate Difficulty; Some Understanding Of Medical Terms
*** Medical Background Needed
**** Technical Reading.

** **Update: Adverse Event Data and Revised American Thoracic Society/CDC Recom-mendations Against the Use of Rifampin and Pyrazinamide for Treatment of Latent Tuberculosis Infection-- United States 2003.** MMWR. August 8, 2003;53(31):735-739. Information on potential for severe liver injury. Please bring this article to the attention of clinicians who may be treating TB patients at clinics, correctional, drug treatment and other sites. This article is available at **http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5231a4.htm.**

*** Raquid R., Rahman J., Kamaluddin A.K.M. and others. **Rapid Diagnosis of Active Tuberculosis by Detecting Antibodies from Lymphocyte Secretions.** Journal of Infectious Diseases. August 1, 2003;188:364-370. This Karolinska study includes evaluations of other rapid methods.

*** Barnes P.F. and Cave M.D. **Molecular Epidemiology of Tuberculosis.** New England Journal of Medicine. September 18, 2003;1149-1156. Review article. Includes notes on challenges to old assumptions such as the frequency of reinfection.

** Lobato M.N., Leary L.S. and Simone P.M **Treatment for Latent TB in Correctional Facilities.** American Journal of Preventive Medicine. 2003;24(3):249-253. In this CDC study of 49 facilities in 12 states the mean skin test positivity rate was 17%.

** Singh K.K., Dong Y., Hinds L. and others. **Combined Use of Serum and Urinary Antibody for Diagnosis of Tuberculosis.** Journal of Infectious Diseases. August 1, 2003; 188:371-377. The presence of urinary antibodies in patients lacking detectable serum antibodies may occlude the detection of free antibody in serum and current sensitivity of urine detection (~55%) is too low to be useful. This article provides information on sensitivity and specificity for several testing methods.

** Rosen T. **Update on Genital Lesions.** JAMA. August 27, 2003;290(8):1001-1005. Attempting a diagnosis based solely on lesion appearance may well lead to inaccuracy in diagnosing either men or women.

** Dicker L.W., Msoure D.J., Berman S.M. and others. **Gonorrhea Prevalence and Coinfection with Chlamydia in Women in the United States, 2000.** Sexually Transmitted Diseases. May 2003;30(5):472-476. Almost half of women 15 to 19 years with GC also had Chlamydia.

** Lyss S.B., Kam M.L., Peterman T.A. and others. ***Chlamydia trachomatis* among Patients Infected with and Treated for *Neisseria gonorrhoeae* in Sexually Transmitted Disease Clinics in the United States.** Annals of Internal Medicine. August 2003; 139(3):178-186. Supports current recommendations for co-treatment of CT and GC at STD clinic sites.

** Steiner K.C., Dvaila V., Kent C.K. and others. **Field-Delivered Therapy Increases Treatment for Chlamydia and Gonorrhea.** American Journal of Public Health. June 2003;93(6): 882-883. Treatment completion increased from 61.8% to 81.0%.

** Schwebke J.B. and Hook E.W. **High Rates of *Trichomonas vaginalis* among Men Attending a Sexually Transmitted Diseases Clinic: Implications for Screening and Urethritis Management.** Journal of Infectious Diseases. August 2003;465-468. Using PCR technology, it was determined that in men with NGU, 19.9% were infected with trich.

*** Michaud J.M., Ellen J., Johnson S.M and Rompalo A. **Responding to a Community Outbreak of Syphilis by Targeting Sex Partner Meeting Location: An Example of Risk-Space Intervention.** Sexually Transmitted Diseases. July 2003;30(7):533-538.

** Engelberg R., Cappell D., Krants E., Corey L. and Wald A. **Natural History of Genital Herpes Simplex Virus Type 1 Infection.** Sexually Transmitted Diseases. February 2003; 30(2):174-17

** Stulberg D.L. and Hutchinson A.G. **Molluscum Contagiosum and Warts.** American Family Physician. March 15, 2003;67(6):1233-1240. Treatment considerations.

*** Fihn S.D. **Acute Uncomplicated Urinary Tract Infection in Women.** New England Journal of Medicine. July 17, 2003;349(3):259-266. Includes comments on condoms, recurrent infections and guidelines.

* Hock-Long L., Herceg-Baron R. and Cassidy A.M. **Access to Adolescent Reproductive Health Services: Financial and Structural Barriers to Care.** Perspectives on Sexual and Reproductive Health. May/June 2003;3(3):8 pages, electronic journal.

*** Rousseau M-C., Villa L.L., Costa M.C. and others. **Occurrence of Cervical Infection with Multiple Human Papillomavirus Types is Associated with Age and Cytologic Abnormalities.** Sexually Transmitted Diseases. July 2003;30 (7):581-587.

** Whitten K.L., Rein M.F., Land D.J. and others. **The Emotional Experience of Intercourse and Sexually Transmitted Diseases.** Sexually Transmitted Diseases. April 2003;30(4):348-356. Emotional factors had a higher odds ratio for predicting STD diagnosis than behavioral factors in this study.

** Marcell A.V., Raine T. and Eyre S.S. **Where Does Reproductive Health Fit into the Lives of Adolescent Males?** Perspectives on Sexual and Reproductive Health. July/August 2003;35(4):180-186. Pregnancy and STDs were not seen as interrelated health concepts by these mid-adolescent males. Good article for students new to working with teens.

*** Yarnall K.S.H., McBride C.M., Jyna P and others. **Factors Associated with Condom Use among At-Risk Women Students and Nonstudents Seen in Managed Care.** Preventive Medicine. 2003;37:163-170. Though they perceive themselves at low risk, sexually active women seen in primary care have risk behavior similar to high-risk populations.

** Minis A.M., Shiboski S.C. and Padian N.S. **Barrier Contraceptive Method Acceptability and Choice Are Not Reliable Indictors of Use.** Sexually Transmitted Diseases. July 2003;39(7):556-561.

** Quer J., Murillo P., Esteban J.I. and others. **Sexual Transmission of Hepatitis C Virus from a Patient With Chronic Disease to His Sex Partner After Removal of an Intrauterine Device.** Sexually Transmitted Diseases. May 2003;30(5):470-471. The authors suggest barrier precautions whenever damage of the vaginal tract has occurred.

** Anderson J.E. **Condom Use and HIV Risk Among US Adults.** American Journal of Public Health. June 2003;93(6):912-914. Annual national survey of 5,000+ adults shows no trend toward greater condom use. Persons at

increased behavioral risk for HIV are more likely than others to use condoms, but most of them are not using condoms with their regular partners.

** Gillmore M.R., Stielstra S., Huang B. and others. **Heterosexually Active Men's Beliefs About Methods For Preventing Sexually Transmitted Diseases.** Perspectives on Sexual and Reproductive Health. May/June 2003;35(3):121-129. Behaviors and attitudes towards abstinence, mutual monogamy, and male and female condom use with steady partners.

** Tao G., Branson B.M., Anderson L.A. and Irwin K.L. **Do Physicians Provide Counseling with HIV and STD Testing at Physician Offices or Hospital Outpatient Departments?** AIDS. 2003;17(8):1243-1247. In 65% of visits, counseling was provided for those who presented with symptoms.

** Duffus W.A., Barragan M., Metch L. and others. **Effect of Physician Specialty on Counseling Practices and Medical Referral Patterns among Physicians Caring for Disadvantaged Human Immunodeficiency Virus-Infected Populations.** Clinical Infectious Diseases. June 15,2003; June 15, 2003;1577-1584. Targeted physician training on prevention counseling, increased duration of patient visits and generalist-specialist co-management are explored.

*** **Rapid Tests for HIV Infection.** The Medical Letter. July 7, 2003;45(1160:54-55). Though the tests have 99% sensitivity, clients with positive results still have to return for the results of a confirmation Western Blot or IFA test. Article includes evaluation and prices and notes that the Orasure test is a "waived" test under CLIA rules.

** Ciccarone D.H. , Kanouse D.E. and Collins R.L. **Sex without Disclosure of Positive HIV Serostatus in a US Probability Sample of Persons Receiving Medical Care for HIV Infection.** American Journal of Public Health. June 2003;93(6):949-954. Risky sex is not uncommon according to this San Francisco study.

** Chesney M.A., Koblin B.A., Barresi P.J. and others. **An Individually Tailored Inter-vention for HIV Prevention: Baseline Data From the EXPLORE Study.** American Journal of Public Health. June 2003;93(6):933-938. Interventions need to be tailored to given individuals.

** **Enfuvirtide (Fuzeon) for HIV Infection.** The Medical Letter. June 23,2003;45(1159):49-50. Brief overview of studies, resistance, adverse effects and cost. One month's treatment will cost $1666.00 and the supply is limited at this time.

** Zuckeman R.A., Whittington W.L.H., Celum C.L. and others. Factors Associated with Oropharyngeal Human Immunodeficiency Virus Shedding. Journal of Infectious Diseases, July 1, 2003;188(1):142-145.

** Chen S.Y., Gibson S., Weide D. and McFarland W. **Unprotected Anal Intercourse Between Potentially HIV-Serodiscordant Men Who Have Sex with Men, San Francisco.** Journal of Acquired Immune Deficiency Syndromes. July 1, 2003;22(2):166-170.

** Kasten M.J. **Human Immunodeficiency Virus: The Initial Patient Encounter.** Mayo Clinic Proceedings; September 2002;77;957-963. Screening, counseling, establishing baselines, immunizations and consultation with experts for primary care providers.

** Orenstein R. **Presenting Syndromes of Human Immunodeficiency Virus.** Mayo Clinic Proceedings; October 2002;77:1097-1102. A thorough history and early recognition yields opportunities to prevent transmission to others and influence long-term outcome in persons infected with HIV.

** Diamond C.,, Thiede H. and Perdue T. **Viral Hepatitis Among Young Men Who Have Sex With Men: Prevalence of Infection, Risk Behaviors and Vaccination.** Sexually Transmitted Diseases. May 2003;30(5):425-432. MSM must be vaccinated at an early age to prevent HAV and HBV infection.

** Salomon J.A., Weinstein M.C., Hammit J.K. and Goldie S.J. **Cost-effectiveness of Treatment for Chronic Hepatitis C Infection in an Evolving Patient Population.** JAMA. July 9, 2003;290(2):228-237. Costs and benefits for asymptomatic, otherwise healthy HCV+ patients.

*** Garcia J.M., Serrano P.L., Terron S. and others. **Very Rapid Evolution of Infection with Hepatitis C Virus Transmitted by an Accidental Needle Stick.** Clinical Infectious Diseases. June 15, 2003;36:1632-1634. Interesting lab documentation of patient and health care worker conditions before and after the accident, including 8 days to symptom development in the HCW.

** Romanowski B., Preiksaitis J. and Campbell P. **Hepatitis C Seroprevalence and Risk Behaviors in Patients Attending Sexually Transmitted Disease Clinics.** Sexually Transmitted Diseases. January 2003;30(1):33-37. Non-therapeutic needle use was the strongest predictor of HCV infection. Sex orientation and practices were not significant without a history of drug use.

** Gordon S.C. **New Insights into Acute Hepatitis C.** Gastroenterology. July 2003; 125 (1):253-255. Evaluations of new hepatitis research, and comments on whether or when to begin treatment.

*** Lee W.M. **Drug-Induced Hepatotoxicity.** New England Journal of Medicine. July 31, 2003;349(5):474-485. Review article. Include includes drugs used for STD, HIV, hepatitis, TB and family planning patients.

** Pfeiffer R. M., Tanaka Y., Yeo A.E. and others. **Prevalence of SEN Viruses among Injection Drug Users in the San Francisco Bay Area.** Journal of Infectious Diseases. July 1, 2003;188(1):13-18. NIH prevalence study of blood borne pathogen that may play a role in liver disease. The clinical impact of SENV is uncertain at this time.

* Lee F.R. **From Lives Imagined to the One He Lived**. New York Times. July 7, 2003;B1 and B5. Article about a memoir by E. Lynn Harris, a black author whose novels include "down low" and denial of black homosexuality themes.

* Fierstein H. **The Culture of Disease**. New York Times, July 31, 2003; Op Ed page A25. The author states he is "calling for us to take back our lives and our culture and to stop spreading the virus….resist the normalization of disease."

* Denizet-Lewis B**. Double Lives on the Down Low**. New York Times. August 3,2003. Sunday Magazine. Many DL men identify themselves not as gay or bisexual, but first and foremost as black.

*** Camí J. and Farré M**. Mechanisms of Disease: Drug Addiction**. New England Journal of Medicine. September 4, 2003;349(10):975-986. Good material for students – illustrations and charts.

** Vastag B**. In-Office Opiate Treatment "Not a Panacea:" Physicians Slow to Embrace Therapeutic Option**. JAMA August 13,2003;290(6):731-735. In order to prescribe buprenorphine, physicians must take an 8-hour course, register with DSHS and DEA (Drug Enforcement Agency) and are limited by law to 30 patients on this medication for addiction.

* **Wound Botulism Among Black Tar Heroin Users --- Washington, 2003**. MMWR. September 19, 2003; 52 (37):885-886. A report on Yakima County subcutaneous IDUs who purchased drugs from the same dealer. "Safe" injection practices that protect against blood borne infections do not protect against the clostridium spores that can cause lethal botulism infections. Yakima outreach staff are working through a needle exchange and other venues to inform IDUs about the outbreak and the need to seek immediate care if affected. This report should be brought to the attention of outreach workers in other counties.

If you have no access to library services, please contact Bonnie Nickle at (360) 236-3460 for single copies of these articles.

Other Health Resources

HIV

The Well Project's inaugural website, developed and administered by HIV+ women, fosters support networks among professionals, caregivers and women living with HIV disease. This site offers online discussion, information exchange, wellness articles and information on the latest advances and upcoming trials in HIV/AIDS medical research. Contact the Well Project by telephone: (828) 350-1755, or via email at: info@thewellproject.com.

A new update of the U.S. Department of Health and Human Services (DHHS) Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents will make it easier for clinicians and HIV-infected individuals to select an appropriate treatment regimen from among the expanding choices of anti-HIV medications. The revised Guidelines are available on the HHS AIDSInfo Web site at: http://www.aidsinfo.nih.gov. Drugs not approved at the time the guidelines were written will be featured in future editions.

Incorporating HIV Prevention into the Medical Care of Persons Living with HIV was published in the July 18, 2003 MMWR at: www.cdc.gov/mmwr/preview/mmwrhtml/rr5212a1.htm. It includes examples of case situations for prevention counseling, tables including one for estimated per-act relative risk of HIV transmission for a given sex act, behavioral and clinical algorithms, and partner notification information.

The University of Washington's Cascade Health Communication Group has released two thirty-minute videos (VHS or DVD), HIV Resistance Testing: A Case-Based Overview for Clinical Practice and Pregnant and Positive: Issues in Clinical Care and Support. Both are free to clinicians in Washington state. They can be ordered at www.HealthCommunication.org. At this site, go to the catalog section by clicking on the "shopping cart" logo button in the row of buttons at the top of the page. Then, check out the HIV section.

http://www.iasusa.org/pub/resistance2003.pdf is the International AIDS Society's site for guidelines for resistance testing. It explains how HIV develops resistance to different drugs, key mutations, resistance tests and their use in pregnancy and other situations.

STD Prevention and Family Planning

Need images of STD, HIV, TB or other images for reports or publications? Go to the CDC's http://phil.cdc.gov/Phil/default.asp which is a public health images site and check out some options.

An overview is available at: www.acog.org to view ACOG's new cervical cancer screening recommendations. Look under the heading "News Releases." you can also access the guidelines by clicking on: http://www.acog.org/from_home/publications/press_releases/nr07-31-03-1.cfm.

This new Child Trends research brief reports on teens' first sexual encounters. The data show that the majority of first sexual relationships are romantic, but many are short-term. One-quarter included some form of abuse, with nearly one in ten teens reporting physical abuse within their relationship. The brief provides information on relationship characteristics

and contraception differences by ethnicity and differences by age. Go to: http://www.childtrends.org/PDF/FirstTimeRB.pdf.

At the web site www.kidshealth.org educators, parents, clients and clinicians have a safe and constantly updated site for information on everything from body parts and systems, a first pelvic exam, STDs and HIV to answers for younger children on topics such as "What's a germ?" Separate sections are available for parents, kids and teens.

Go to: http://www.aclu.org/ReproductiveRights/ReproductiveRights.cfm?ID=13171&c=225 for the address for the ACLU's manual to help advocates determine whether hospitals provide access to emergency contraception.

A new resource brings together the latest research and analysis on sex education in the United States and its effectiveness in preventing unintended pregnancies and STDs among teenagers. To download "Sex Education: Needs, Programs and Policies" for presentation or printing go to: http://www.guttmacher.org/pubs/ed_slides.html. The slide set addresses the question of why U.S. adolescents fare worse than their peers in other countries. For specific information on sex education policies in individual states click: http://www.guttmacher.org/pubs/spib_SE.pdf.

On September 5, 2003, FDA approved Seasonale, a new choice in oral contraceptives for women for prevention of pregnancy. The FDA Talk Paper for Seasonale is at: http://www.fda.gov/bbs/topics/ANSWERS/2003/ANS01251.html.

Washington state's American Indian Health Commission has released a large report on health status and recommendations. HIV, STD, TB, maternal and child health, and substance abuse topics are included in the report that is available at www.aihc-wa.org/Issues/AIHCDP.htm

TABLE 1. WASHINGTON STATE HIV[1] AND AIDS CASES DIAGNOSED, KNOWN DEATHS, AND CASES PRESUMED LIVING, AS OF 9/30/2003

	TOTAL CASES (& CASE FATALITY RATE[2]) DIAGNOSED DURING INTERVAL[3]					DEATHS OCCURRING DURING INTERVAL[4]		CASES PRESUMED LIVING DIAGNOSED DURING INTERVAL[3]		
	HIV[1]		AIDS		**HIV/AIDS**	*HIV*[1]	AIDS	*HIV*[1]	AIDS	**HIV/AIDS**
	No.	*(%)*	No.	(%)	**Total**	*No.*	No.	*No.*	No.	**Total**
1982	*2*	*(0%)*	1	(100%)	**3**	*0*	0	*2*	0	**2**
1983	*6*	*(17%)*	20	(100%)	**26**	*0*	7	*5*	0	**5**
1984	*13*	*(0%)*	79	(97%)	**92**	*0*	31	*13*	2	**15**
1985	*69*	*(7%)*	132	(97%)	**201**	*0*	81	*64*	4	**68**
1986	*61*	*(11%)*	250	(97%)	**311**	*0*	128	*54*	7	**61**
1987	*75*	*(11%)*	370	(96%)	**445**	*2*	187	*67*	16	**83**
1988	*85*	*(12%)*	497	(93%)	**582**	*6*	240	*75*	34	**109**
1989	*127*	*(10%)*	629	(91%)	**756**	*8*	311	*114*	58	**172**
1990	*139*	*(11%)*	759	(89%)	**898**	*6*	378	*124*	85	**209**
1991	*163*	*(7%)*	856	(85%)	**1,019**	*4*	477	*152*	125	**277**
1992	*148*	*(7%)*	923	(75%)	**1,071**	*7*	530	*138*	229	**367**
1993	*133*	*(4%)*	997	(65%)	**1,130**	*12*	644	*128*	353	**481**
1994	*179*	*(3%)*	893	(52%)	**1,072**	*4*	683	*174*	429	**603**
1995	*196*	*(2%)*	791	(34%)	**987**	*4*	676	*193*	526	**719**
1996	*228*	*(2%)*	714	(23%)	**942**	*3*	475	*223*	552	**775**
1997	*234*	*(5%)*	531	(17%)	**765**	*6*	221	*223*	441	**664**
1998	*226*	*(2%)*	412	(18%)	**638**	*3*	154	*221*	336	**557**
1999	*296*	*(2%)*	373	(18%)	**669**	*4*	140	*291*	305	**596**
2000	*369*	*(1%)*	450	(16%)	**819**	*27*	160	*364*	379	**743**
2001	*335*	*(1%)*	408	(11%)	**743**	*18*	147	*333*	362	**695**
2002[5]	*322*	*(1%)*	422	(5%)	**744**	*9*	122	*319*	401	**720**
2003 YTD[5]	*190*	*(1%)*	194	(4%)	**384**	*7*	78	*189*	187	**376**
TOTAL	*3,596*	*(4%)*	10,701	(55%)	**14,297**	*130*	5,870	*3,466*	4,831	**8,297**

1 Includes persons reported with HIV infection who are not known to have progressed to AIDS as of this report date. Does not include those who have only been tested anonymously for HIV.

2 Case fatality rate is the proportion of HIV or AIDS patients diagnosed during interval who are known to have died at some time since diagnosis.

3 Year of diagnosis reflects the time at which HIV infection or AIDS was diagnosed by a health care provider. Year of report (not shown above) reflects the time at which a case report was received by the Department of Health.

4 Includes deaths among HIV or AIDS patients diagnosed during that interval or any preceding interval.

5 Reporting delay is the period between the date a reportable disease is diagnosed by a physician and the date that the diagnosis is reported to public health officials. Cases counts for more recent time periods are considered to be incomplete due to reporting delays.

IDRH Assessment Unit, P.O. Box 47838, Olympia, WA 98504-7838; (360) 236-3455.

TABLE 2. WASHINGTON STATE HIV[1] AND AIDS CASES, GENDER BY AGE AT DIAGNOSIS, AS OF 9/30/2003

	HIV[1]						AIDS					
	Male		*Female*		*Total*		Male		Female		Total	
	No.	*(%)*	*No.*	*(%)*	*No.*	*(%)*	No.	(%)	No.	(%)	No.	No.
Under 13	*17*	*(0%)*	*19*	*(1%)*	*36*	*(1%)*	15	(0%)	17	(0%)	32	(0%)
13-19	*55*	*(2%)*	*39*	*(1%)*	*94*	*(3%)*	29	(0%)	11	(0%)	40	(0%)
20-29	*1,021*	*(28%)*	*199*	*(6%)*	*1,220*	*(34%)*	1,61	(15%)	210	(2%)	1,826	(17%)
30-39	*1,290*	*(36%)*	*168*	*(5%)*	*1,458*	*(41%)*	4,62	(43%)	358	(3%)	4,981	(47%)
40-49	*542*	*(15%)*	*88*	*(2%)*	*630*	*(18%)*	2,56	(24%)	188	(2%)	2,753	(26%)
50-59	*117*	*(3%)*	*22*	*(1%)*	*139*	*(4%)*	739	(7%)	71	(1%)	810	(8%)
60+	*15*	*(0%)*	*4*	*(0%)*	*19*	*(1%)*	230	(2%)	29	(0%)	259	(2%)
TOTAL	*3,057*	*(85%)*	*539*	*(15%)*	*3,596*	*(100%)*	9,81	(92%)	884	(8%)	10,701	(100%)

TABLE 3. WASHINGTON STATE HIV[1] CASES, RACE/ETHNICITY[10] AND EXPOSURE CATEGORY, AS OF 9/30/2003

	Adult/Adolescent				Pediatric		Total	
	Male	(%)	Female	(%)	No.	(%)	No.	(%)
Race/Ethnicity[10]								
White, not Hispanic	2358	(78%)	270	(52%)	13	(36%)	2641	(73%)
Black, not Hispanic	332	(11%)	162	(31%)	13	(36%)	507	(14%)
Hispanic (All Races)	221	(7%)	45	(9%)	6	(17%)	272	(8%)
Asian/Pacific Islander	3	(0%)	4	(1%)	0	(0%)	7	(0%)
Asian	61	(2%)	10	(2%)	4	(11%)	75	(2%)
Hawaiian/Pacific Islander	3	(0%)	1	(0%)	0	(0%)	4	(0%)
Native American/Alaskan	34	(1%)	22	(4%)	0	(0%)	56	(2%)
Multi-race	5	(0%)	0	(0%)	0	(0%)	5	(0%)
Unknown	23	(1%)	6	(1%)	0	(0%)	29	(1%)
Total	3040	(100%)	520	(100%)	36	(100%)	3596	(100%)
Exposure Category								
Male/male sex (MSM)	2235	(74%)	N/A	( )	0	(0%)	2235	(62%)
Injecting Drug Use (IDU)	228	(8%)	136	(26%)	0	(0%)	364	(10%)
MSM and IDU	301	(10%)	N/A	( )	0	(0%)	301	(8%)
Transfusion/Transplant	5	(0%)	8	(2%)	0	(0%)	13	(0%)
Hemophilia	11	(0%)	2	(0%)	1	(3%)	14	(0%)
Heterosexual Contact[6]	100	(3%)	263	(51%)	0	(0%)	363	(10%)
Mother at Risk for HIV	0	(0%)	0	(0%)	33	(92%)	33	(1%)
No Identified Risk[7]/Other	160	(5%)	111	(21%)	2	(6%)	273	(8%)
Total	3040	(100%)	520	(100%)	36	(100%)	3596	(100%)

1. Includes persons reported with HIV infection who are not known to have progressed to AIDS as of this report date. Does not include those who have only been tested anonymously for HIV.
6. Heterosexual Contact with a person who is known to be HIV infected or at increased risk for HIV infection.
7. No Identified Risk includes patients for whom risk information is incomplete, cases still under investigation, and interviewed patients with no recognized HIV exposure category.
10. Collection and presentation of race/ethnicity data have been adjusted to be consistent with Census 2000 data collection and presentation methods. Consequently, data for Asian/Pacific Islanders are now collected and presented in two separate categories ("Asian" and "Hawaiian/Pacific Islander"), while historical data are presented in the "Asian/Pacific Islander" category. Those who report more than one race are presented in the "Multi-race" category.

TABLE 4. WASHINGTON STATE AIDS CASES, RACE/ETHNICITY[10] AND EXPOSURE CATEGORY, AS OF 9/30/2003

	Adult/Adolescent				Pediatric		Total	
	Male	(%)	Female	(%)	No.	(%)	No.	(%)
Race/Ethnicity[10]								
White, not Hispanic	7870	(80%)	505	(58%)	16	(50%)	8391	(78%)
Black, not Hispanic	909	(9%)	216	(25%)	10	(31%)	1135	(11%)
Hispanic (All Races)	685	(7%)	75	(9%)	4	(13%)	764	(7%)
Asian/Pacific Islander	34	(0%)	12	(1%)	1	(3%)	47	(0%)
Asian	102	(1%)	13	(1%)	0	(0%)	115	(1%)
Hawaiian/Pacific Islander	20	(0%)	3	(0%)	0	(0%)	23	(0%)
Native American/Alaskan	156	(2%)	39	(4%)	1	(3%)	196	(2%)
Multi-race	15	(0%)	1	(0%)	0	(0%)	16	(0%)
Unknown	11	(0%)	3	(0%)	0	(0%)	14	(0%)
Total	9802	(100%)	867	(100%)	32	(100%)	10701	(100%)
Exposure Category								
Male/male sex (MSM)	7196	(73%)	N/A	( )	0	(0%)	7196	(67%)
Injecting Drug Use (IDU)	707	(7%)	264	(30%)	0	(0%)	971	(9%)
MSM and IDU	1067	(11%)	N/A	( )	0	(0%)	1067	(10%)
Transfusion/Transplant	73	(1%)	48	(6%)	0	(0%)	121	(1%)
Hemophilia	82	(1%)	3	(0%)	4	(13%)	89	(1%)
Heterosexual Contact[6]	244	(2%)	429	(49%)	0	(0%)	673	(6%)
Mother at Risk for HIV	0	(0%)	0	(0%)	28	(88%)	28	(0%)
No Identified Risk[7]/Other	433	(4%)	123	(14%)	0	(0%)	556	(5%)
Total	9802	(100%)	867	(100%)	32	(100%)	10701	(100%)

1. Includes persons reported with HIV infection who are not known to have progressed to AIDS as of this report date. Does not include those who have only been tested anonymously for HIV.
6. Heterosexual Contact with a person who is known to be HIV infected or at increased risk for HIV infection.
7. No Identified Risk includes patients for whom risk information is incomplete, cases still under investigation, and interviewed patients with no recognized HIV exposure category.
10. Collection and presentation of race/ethnicity data have been adjusted to be consistent with Census 2000 data collection and presentation methods. Consequently, data for Asian/Pacific Islanders are now collected and presented in two separate categories ("Asian" and "Hawaiian/Pacific Islander"), while historical data are presented in the "Asian/Pacific Islander" category. Those who report more than one race are presented in the "Multi-race" category.

TABLE 5. WA STATE HIV[1] AND AIDS CASES DIAGNOSED, KNOWN DEATHS, AND CASES PRESUMED LIVING, BY COUNTY OF RESIDENCE[8] AT DIAGNOSIS, AS OF 9/30/2003

	CASES DIAGNOSED					DEATHS				PRESUMED LIVING				
	HIV[1]		AIDS		**HIV/AIDS**	*HIV[1]*		AIDS		*HIV[1]*		AIDS		**HIV/AIDS**
	No.	*(%)*	No.	(%)	**TOTAL**	*No.*	*(%)*	No.	(%)	*No.*	*(%)*	No.	(%)	**TOTAL**
REGION 1	*153*	*(4.3%)*	597	(5.6%)	**750**	*9*	*(6.9%)*	317	(5.4%)	*144*	*(4.2%)*	280	(5.8%)	**424**
ADAMS CO.	*1*	*(0.0%)*	5	(0.0%)	**6**	*0*	*(0.0%)*	1	(0.0%)	*1*	*(0.0%)*	4	(0.1%)	**5**
ASOTIN CO.	*3*	*(0.1%)*	14	(0.1%)	**17**	*1*	*(0.8%)*	6	(0.1%)	*2*	*(0.1%)*	8	(0.2%)	**10**
COLUMBIA CO.	*1*	*(0.0%)*	3	(0.0%)	**4**	*0*	*(0.0%)*	3	(0.1%)	*1*	*(0.0%)*	0	(0.0%)	**1**
FERRY CO.	*0*	*(0.0%)*	7	(0.1%)	**7**	*0*	*(0.0%)*	6	(0.1%)	*0*	*(0.0%)*	1	(0.0%)	**1**
GARFIELD CO.	*0*	*(0.0%)*	0	(0.0%)	**0**	*0*	*(0.0%)*	0	(0.0%)	*0*	*(0.0%)*	0	(0.0%)	**0**
LINCOLN CO.	*0*	*(0.0%)*	4	(0.0%)	**4**	*0*	*(0.0%)*	2	(0.0%)	*0*	*(0.0%)*	2	(0.0%)	**2**
OKANOGAN CO.	*7*	*(0.2%)*	21	(0.2%)	**28**	*0*	*(0.0%)*	8	(0.1%)	*7*	*(0.2%)*	13	(0.3%)	**20**
PEND OREILLE CO.	*1*	*(0.0%)*	8	(0.1%)	**9**	*0*	*(0.0%)*	5	(0.1%)	*1*	*(0.0%)*	3	(0.1%)	**4**
SPOKANE CO.	*128*	*(3.6%)*	446	(4.2%)	**574**	*7*	*(5.4%)*	244	(4.2%)	*121*	*(3.5%)*	202	(4.2%)	**323**
STEVENS CO.	*3*	*(0.1%)*	22	(0.2%)	**25**	*0*	*(0.0%)*	8	(0.1%)	*3*	*(0.1%)*	14	(0.3%)	**17**
WALLA WALLA CO.	*7*	*(0.2%)*	57	(0.5%)	**64**	*1*	*(0.8%)*	30	(0.5%)	*6*	*(0.2%)*	27	(0.6%)	**33**
WHITMAN CO.	*2*	*(0.1%)*	10	(0.1%)	**12**	*0*	*(0.0%)*	4	(0.1%)	*2*	*(0.1%)*	6	(0.1%)	**8**
REGION 2	*111*	*(3.1%)*	352	(3.3%)	**463**	*6*	*(4.6%)*	178	(3.0%)	*105*	*(3.0%)*	174	(3.6%)	**279**
BENTON CO.	*21*	*(0.6%)*	77	(0.7%)	**98**	*1*	*(0.8%)*	33	(0.6%)	*20*	*(0.6%)*	44	(0.9%)	**64**
CHELAN CO.	*11*	*(0.3%)*	33	(0.3%)	**44**	*0*	*(0.0%)*	20	(0.3%)	*11*	*(0.3%)*	13	(0.3%)	**24**
DOUGLAS CO.	*2*	*(0.1%)*	2	(0.0%)	**4**	*0*	*(0.0%)*	2	(0.0%)	*2*	*(0.1%)*	0	(0.0%)	**2**
FRANKLIN CO.	*17*	*(0.5%)*	37	(0.3%)	**54**	*1*	*(0.8%)*	12	(0.2%)	*16*	*(0.5%)*	25	(0.5%)	**41**
GRANT CO.	*7*	*(0.2%)*	28	(0.3%)	**35**	*1*	*(0.8%)*	20	(0.3%)	*6*	*(0.2%)*	8	(0.2%)	**14**
KITTITAS CO.	*2*	*(0.1%)*	14	(0.1%)	**16**	*0*	*(0.0%)*	9	(0.2%)	*2*	*(0.1%)*	5	(0.1%)	**7**
KLICKITAT CO.	*3*	*(0.1%)*	11	(0.1%)	**14**	*0*	*(0.0%)*	8	(0.1%)	*3*	*(0.1%)*	3	(0.1%)	**6**
YAKIMA CO.	*48*	*(1.3%)*	150	(1.4%)	**198**	*3*	*(2.3%)*	74	(1.3%)	*45*	*(1.3%)*	76	(1.6%)	**121**
REGION3	*278*	*(7.7%)*	842	(7.9%)	**1,120**	*12*	*(9.2%)*	438	(7.5%)	*266*	*(7.7%)*	404	(8.4%)	**670**
ISLAND CO.	*16*	*(0.4%)*	57	(0.5%)	**73**	*1*	*(0.8%)*	35	(0.6%)	*15*	*(0.4%)*	22	(0.5%)	**37**
SAN JUAN CO.	*6*	*(0.2%)*	18	(0.2%)	**24**	*0*	*(0.0%)*	10	(0.2%)	*6*	*(0.2%)*	8	(0.2%)	**14**
SKAGIT CO.	*20*	*(0.6%)*	49	(0.5%)	**69**	*2*	*(1.5%)*	27	(0.5%)	*18*	*(0.5%)*	22	(0.5%)	**40**
SNOHOMISH CO.	*195*	*(5.4%)*	568	(5.3%)	**763**	*8*	*(6.2%)*	291	(5.0%)	*187*	*(5.4%)*	277	(5.7%)	**464**
WHATCOM CO.	*41*	*(1.1%)*	150	(1.4%)	**191**	*1*	*(0.8%)*	75	(1.3%)	*40*	*(1.2%)*	75	(1.6%)	**115**
REGION 5	*388*	*(10.8%)*	1,156	(10.8%)	**1,544**	*23*	*(17.7%)*	622	(10.6%)	*365*	*(10.5%)*	534	(11.1%)	**899**
KITSAP CO.	*66*	*(1.8%)*	193	(1.8%)	**259**	*1*	*(0.8%)*	105	(1.8%)	*65*	*(1.9%)*	88	(1.8%)	**153**
PIERCE CO.	*322*	*(9.0%)*	963	(9.0%)	**1,285**	*22*	*(16.9%)*	517	(8.8%)	*300*	*(8.7%)*	446	(9.2%)	**746**
REGION 6	*268*	*(7.5%)*	902	(8.4%)	**1,170**	*11*	*(8.5%)*	448	(7.6%)	*257*	*(7.4%)*	454	(9.4%)	**711**
CLALLAM CO.	*16*	*(0.4%)*	50	(0.5%)	**66**	*2*	*(1.5%)*	26	(0.4%)	*14*	*(0.4%)*	24	(0.5%)	**38**
CLARK CO.	*119*	*(3.3%)*	397	(3.7%)	**516**	*2*	*(1.5%)*	196	(3.3%)	*117*	*(3.4%)*	201	(4.2%)	**318**
COWLITZ CO.	*29*	*(0.8%)*	89	(0.8%)	**118**	*1*	*(0.8%)*	49	(0.8%)	*28*	*(0.8%)*	40	(0.8%)	**68**
GRAYS HARBOR CO.	*11*	*(0.3%)*	48	(0.4%)	**59**	*1*	*(0.8%)*	28	(0.5%)	*10*	*(0.3%)*	20	(0.4%)	**30**
JEFFERSON CO.	*7*	*(0.2%)*	24	(0.2%)	**31**	*2*	*(1.5%)*	14	(0.2%)	*5*	*(0.1%)*	10	(0.2%)	**15**
LEWIS CO.	*8*	*(0.2%)*	39	(0.4%)	**47**	*1*	*(0.8%)*	26	(0.4%)	*7*	*(0.2%)*	13	(0.3%)	**20**
MASON CO.	*17*	*(0.5%)*	69	(0.6%)	**86**	*0*	*(0.0%)*	19	(0.3%)	*17*	*(0.5%)*	50	(1.0%)	**67**
PACIFIC CO.	*4*	*(0.1%)*	17	(0.2%)	**21**	*0*	*(0.0%)*	11	(0.2%)	*4*	*(0.1%)*	6	(0.1%)	**10**
SKAMANIA CO.	*0*	*(0.0%)*	7	(0.1%)	**7**	*0*	*(0.0%)*	5	(0.1%)	*0*	*(0.0%)*	2	(0.0%)	**2**
THURSTON CO.	*56*	*(1.6%)*	160	(1.5%)	**216**	*2*	*(1.5%)*	74	(1.3%)	*54*	*(1.6%)*	86	(1.8%)	**140**
WAHKIAKUM CO.	*1*	*(0.0%)*	2	(0.0%)	**3**	*0*	*(0.0%)*	0	(0.0%)	*1*	*(0.0%)*	2	(0.0%)	**3**
SUBTOTAL	*1,198*	*(33.3%)*	3,849	(36.0%)	**5,047**	*61*	*(46.9%)*	2,003	(34.1%)	*1,137*	*(32.8%)*	1,846	(38.2%)	**2,983**
REGION 4 (KING CO.)	*2,398*	*(66.7%)*	6,852	(64.0%)	**9,250**	*69*	*(53.1%)*	3,867	(65.9%)	*2,329*	*(67.2%)*	2,985	(61.8%)	**5,314**
STATE TOTAL	*3,596*	*(100%)*	10,701	(100%)	**14,297**	*130*	*(100%)*	5,870	(100%)	*3,466*	*(100%)*	4,831	(100%)	**8,297**

1. Includes persons reported with HIV infection who are not known to have progressed to AIDS as of this report date. Does not include those who have only been tested anonymously for HIV.
8. County of residence at the time of testing positive for HIV (HIV cases) or at the time of AIDS diagnosis (AIDS cases). May not reflect where people are currently residing..

TABLE 6. WASHINGTON STATE HIV[1] CASES, YEAR OF DIAGNOSIS[3] BY GENDER, RACE/ETHNICITY,[10] EXPOSURE CATEGORY, AND AIDSNET REGION OF RESIDENCE[9] AT DIAGNOSIS, AS OF 9/30/2003

	1982-1989		1990-1997		1998-Current[5]		Cumulative		1999		2000		2001		2002[5]		2003[5]	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Gender																		
Male	402	(92%)	1193	(84%)	1462	(84%)	3057	(85%)	250	(84%)	300	(81%)	287	(86%)	273	(85%)	153	(81%)
Female	36	(8%)	227	(16%)	276	(16%)	539	(15%)	46	(16%)	69	(19%)	48	(14%)	49	(15%)	37	(19%)
Total	438	(100%)	1420	(100%)	1738	(100%)	3596	(100%)	296	(100%)	369	(100%)	335	(100%)	322	(100%)	190	(100%)
Race/Ethnicity[10]																		
White, not Hispanic	371	(85%)	1103	(78%)	1167	(67%)	2641	(73%)	214	(72%)	238	(64%)	220	(66%)	204	(63%)	124	(65%)
Black, not Hispanic	42	(10%)	169	(12%)	296	(17%)	507	(14%)	40	(14%)	69	(19%)	58	(17%)	72	(22%)	31	(16%)
Hispanic (All Races)	12	(3%)	90	(6%)	170	(10%)	272	(8%)	27	(9%)	39	(11%)	36	(11%)	29	(9%)	20	(11%)
Asian/Pacific Islander	0	(0%)	1	(0%)	6	(0%)	7	(0%)	1	(0%)	2	(1%)	2	(1%)	0	(0%)	0	(0%)
Asian	3	(1%)	25	(2%)	47	(3%)	75	(2%)	4	(1%)	10	(3%)	11	(3%)	7	(2%)	5	(3%)
Hawaiian/Pacific Islander	1	(0%)	0	(0%)	3	(0%)	4	(0%)	1	(0%)	1	(0%)	0	(0%)	0	(0%)	1	(1%)
Native American/Alaskan	6	(1%)	22	(2%)	28	(2%)	56	(2%)	4	(1%)	6	(2%)	5	(1%)	5	(2%)	6	(3%)
Multi-race	0	(0%)	1	(0%)	4	(0%)	5	(0%)	0	(0%)	0	(0%)	0	(0%)	3	(1%)	1	(1%)
Unknown	3	(1%)	9	(1%)	17	(1%)	29	(1%)	5	(2%)	4	(1%)	3	(1%)	2	(1%)	2	(1%)
Total	438	(100%)	1420	(100%)	1738	(100%)	3596	(100%)	296	(100%)	369	(100%)	335	(100%)	322	(100%)	190	(100%)
Exposure Category																		
Male/male sex (MSM)	298	(68%)	869	(61%)	1068	(61%)	2235	(62%)	198	(67%)	203	(55%)	197	(59%)	200	(62%)	116	(61%)
Injecting Drug Use (IDU)	47	(11%)	147	(10%)	170	(10%)	364	(10%)	32	(11%)	51	(14%)	28	(8%)	31	(10%)	15	(8%)
MSM and IDU	51	(12%)	125	(9%)	125	(7%)	301	(8%)	21	(7%)	25	(7%)	25	(7%)	27	(8%)	11	(6%)
Transfusion/Transplant	3	(1%)	6	(0%)	4	(0%)	13	(0%)	1	(0%)	1	(0%)	2	(1%)	0	(0%)	0	(0%)
Hemophilia	8	(2%)	4	(0%)	2	(0%)	14	(0%)	0	(0%)	1	(0%)	1	(0%)	0	(0%)	0	(0%)
Heterosexual Contact[6]	13	(3%)	144	(10%)	206	(12%)	363	(10%)	28	(9%)	48	(13%)	44	(13%)	40	(12%)	29	(15%)
Mother at Risk for HIV	3	(1%)	25	(2%)	5	(0%)	33	(1%)	3	(1%)	2	(1%)	0	(0%)	0	(0%)	0	(0%)
No Identified Risk[7]/Other	15	(3%)	100	(7%)	158	(9%)	273	(8%)	13	(4%)	38	(10%)	38	(11%)	24	(7%)	19	(10%)
Total	438	(100%)	1420	(100%)	1738	(100%)	3596	(100%)	296	(100%)	369	(100%)	335	(100%)	322	(100%)	190	(100%)
AIDSNET Region																		
Region 1	22	(5%)	58	(4%)	73	(4%)	153	(4%)	8	(3%)	18	(5%)	17	(5%)	15	(5%)	5	(3%)
Region 2	11	(3%)	40	(3%)	60	(3%)	111	(3%)	13	(4%)	10	(3%)	10	(3%)	16	(5%)	4	(2%)
Region 3	33	(8%)	127	(9%)	118	(7%)	278	(8%)	25	(8%)	21	(6%)	24	(7%)	19	(6%)	14	(7%)
Region 5	39	(9%)	167	(12%)	182	(10%)	388	(11%)	36	(12%)	48	(13%)	29	(9%)	35	(11%)	22	(12%)
Region 6	29	(7%)	118	(8%)	121	(7%)	268	(7%)	24	(8%)	17	(5%)	30	(9%)	23	(7%)	16	(8%)
Subtotal	134	(31%)	510	(36%)	554	(32%)	1198	(33%)	106	(36%)	114	(31%)	110	(33%)	108	(34%)	61	(32%)
Region 4 (King Co.)	304	(69%)	910	(64%)	1184	(68%)	2398	(67%)	190	(64%)	255	(69%)	225	(67%)	214	(66%)	129	(68%)
Total	438	(100%)	1420	(100%)	1738	(100%)	3596	(100%)	296	(100%)	369	(100%)	335	(100%)	322	(100%)	190	(100%)

1 This includes persons reported with HIV infection who are not known to have progressed to AIDS as of this report date. It does not include those who have only been tested anonymously for HIV.

3 Year of diagnosis reflects the time at which disease was diagnosed by a provider. Year of report (not shown above) reflects the time at which a case report was received by the Department of Health.

5 Reporting delay is the period between the date a reportable disease is diagnosed by a physician and the date that the diagnosis is reported to public health officials. Cases counts for more recent time periods are considered to be incomplete due to reporting delays.

6 Heterosexual Contact with a person who is known to be HIV infected or at increased risk for HIV infection.

7 No Identified Risk includes patients for whom risk information is incomplete, cases still under investigation, and interviewed patients with no recognized HIV exposure category.

9 AIDSNET Region of residence at the time of testing positive for HIV (HIV cases) or at the time of AIDS diagnosis (AIDS cases). May not reflect where people are currently residing.

10 Collection and presentation of race/ethnicity data have been adjusted to be consistent with Census 2000 data collection and presentation methods. Consequently, data for Asian/Pacific Islanders are now collected and presented in two separate categories ("Asian" and "Hawaiian/Pacific Islander"), while historical data are presented in the "Asian/Pacific Islander" category. Those who report more than one race are presented in the "Multi-race" category.

TABLE 7. WASHINGTON STATE AIDS CASES, YEAR OF DIAGNOSIS[3] BY GENDER, RACE/ETHNICITY,[10] EXPOSURE CATEGORY, AND AIDSNET REGION OF RESIDENCE[9] AT DIAGNOSIS, AS OF 9/30/2003

	1982-1989		1990-1997		1998-Current[5]		Cumulative		1999		2000		2001		2002[5]		2003[5]	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Gender																		
Male	1914	(97%)	5951	(92%)	1952	(86%)	9817	(92%)	323	(87%)	385	(86%)	359	(88%)	350	(83%)	167	(86%)
Female	64	(3%)	513	(8%)	307	(14%)	884	(8%)	50	(13%)	65	(14%)	49	(12%)	72	(17%)	27	(14%)
Total	1978	(100%)	6464	(100%)	2259	(100%)	10701	(100%)	373	(100%)	450	(100%)	408	(100%)	422	(100%)	194	(100%)
Race/Ethnicity[10]																		
White, not Hispanic	1734	(88%)	5138	(79%)	1519	(67%)	8391	(78%)	264	(71%)	303	(67%)	268	(66%)	270	(64%)	134	(69%)
Black, not Hispanic	131	(7%)	639	(10%)	365	(16%)	1135	(11%)	47	(13%)	84	(19%)	74	(18%)	78	(18%)	16	(8%)
Hispanic (All Races)	78	(4%)	435	(7%)	251	(11%)	764	(7%)	44	(12%)	45	(10%)	45	(11%)	45	(11%)	29	(15%)
Asian/Pacific Islander	3	(0%)	32	(0%)	12	(1%)	47	(0%)	4	(1%)	0	(0%)	3	(1%)	4	(1%)	1	(1%)
Asian	11	(1%)	69	(1%)	35	(2%)	115	(1%)	4	(1%)	3	(1%)	5	(1%)	11	(3%)	5	(3%)
Hawaiian/Pacific Islander	5	(0%)	9	(0%)	9	(0%)	23	(0%)	0	(0%)	3	(1%)	0	(0%)	2	(0%)	4	(2%)
Native American/Alaskan	16	(1%)	124	(2%)	56	(2%)	196	(2%)	8	(2%)	8	(2%)	11	(3%)	11	(3%)	5	(3%)
Multi-race	0	(0%)	14	(0%)	2	(0%)	16	(0%)	0	(0%)	1	(0%)	0	(0%)	0	(0%)	0	(0%)
Unknown	0	(0%)	4	(0%)	10	(0%)	14	(0%)	2	(1%)	3	(1%)	2	(0%)	1	(0%)	0	(0%)
Total	1978	(100%)	6464	(100%)	2259	(100%)	10701	(100%)	373	(100%)	450	(100%)	408	(100%)	422	(100%)	194	(100%)
Exposure Category																		
Male/male sex (MSM)	1521	(77%)	4401	(68%)	1274	(56%)	7196	(67%)	208	(56%)	257	(57%)	235	(58%)	223	(53%)	116	(60%)
Injecting Drug Use (IDU)	85	(4%)	610	(9%)	276	(12%)	971	(9%)	48	(13%)	57	(13%)	44	(11%)	48	(11%)	20	(10%)
MSM and IDU	236	(12%)	643	(10%)	188	(8%)	1067	(10%)	35	(9%)	34	(8%)	36	(9%)	37	(9%)	10	(5%)
Transfusion/Transplant	47	(2%)	65	(1%)	9	(0%)	121	(1%)	2	(1%)	3	(1%)	0	(0%)	1	(0%)	0	(0%)
Hemophilia	30	(2%)	53	(1%)	6	(0%)	89	(1%)	2	(1%)	3	(1%)	1	(0%)	0	(0%)	0	(0%)
Heterosexual Contact[6]	29	(1%)	385	(6%)	259	(11%)	673	(6%)	37	(10%)	51	(11%)	52	(13%)	66	(16%)	20	(10%)
Mother at Risk for HIV	8	(0%)	18	(0%)	2	(0%)	28	(0%)	0	(0%)	2	(0%)	0	(0%)	0	(0%)	0	(0%)
No Identified Risk[7]/Other	22	(1%)	289	(4%)	245	(11%)	556	(5%)	41	(11%)	43	(10%)	40	(10%)	47	(11%)	28	(14%)
Total	1978	(100%)	6464	(100%)	2259	(100%)	10701	(100%)	373	(100%)	450	(100%)	408	(100%)	422	(100%)	194	(100%)
AIDSNET Region																		
Region 1	80	(4%)	367	(6%)	150	(7%)	597	(6%)	33	(9%)	33	(7%)	21	(5%)	32	(8%)	14	(7%)
Region 2	49	(2%)	202	(3%)	101	(4%)	352	(3%)	14	(4%)	19	(4%)	18	(4%)	15	(4%)	14	(7%)
Region 3	113	(6%)	534	(8%)	195	(9%)	842	(8%)	33	(9%)	28	(6%)	31	(8%)	42	(10%)	19	(10%)
Region 5	173	(9%)	678	(10%)	305	(14%)	1156	(11%)	56	(15%)	72	(16%)	60	(15%)	40	(9%)	28	(14%)
Region 6	111	(6%)	568	(9%)	223	(10%)	902	(8%)	39	(10%)	34	(8%)	53	(13%)	48	(11%)	19	(10%)
Subtotal	526	(27%)	2349	(36%)	974	(43%)	3849	(36%)	175	(47%)	186	(41%)	183	(45%)	177	(42%)	94	(48%)
Region 4 (King Co.)	1452	(73%)	4115	(64%)	1285	(57%)	6852	(64%)	198	(53%)	264	(59%)	225	(55%)	245	(58%)	100	(52%)
Total	1978	(100%)	6464	(100%)	2259	(100%)	10701	(100%)	373	(100%)	450	(100%)	408	(100%)	422	(100%)	194	(100%)

3 Year of diagnosis reflects the time at which disease was diagnosed by a provider. Year of report (not shown above) reflects the time at which a case report was received by the Department of Health.

5 Reporting delay is the period between the date a reportable disease is diagnosed by a physician and the date that the diagnosis is reported to public health officials. Cases counts for more recent time periods are considered to be incomplete due to reporting delays.

6 Heterosexual Contact with a person who is known to be HIV infected or at increased risk for HIV infection

7 No Identified Risk includes patients for whom risk information is incomplete, cases still under investigation, and interviewed patients with no recognized HIV exposure category.

9 AIDSNET Region of residence at the time of testing positive for HIV (HIV cases) or at the time of AIDS diagnosis (AIDS cases). May not reflect where people are currently residing.

10 Collection and presentation of race/ethnicity data have been adjusted to be consistent with Census 2000 data collection and presentation methods. Consequently, data for Asian/Pacific Islanders are now collected and presented in two separate categories ("Asian" and "Hawaiian/Pacific Islander"), while historical data are presented in the "Asian/Pacific Islander" category. Those who report more than one race are presented in the "Multi-race" category.

WASHINGTON STATE REPORTED CASES OF CHLAMYDIA, GONORRHEA, EARLY SYPHILIS, JANUARY - SEPTEMBER 2003

	Chlamydia		Gonorrhea		Early Syphilis	
Sex	**No.**	**(%)**	**No.**	**(%)**	**No.**	**(%)**
Male	3,295	(26.9)	1,202	(58.3)	86	(92.5)
Female	8,975	(73.1)	859	(41.7)	7	(7.5)
TOTAL	**12,270**	**(100)**	**2,061**	**(100)**	**93**	**(100)**
Age						
0-14	203	(1.7)	26	(1.3)	0	(0.0)
15-19	4,162	(33.9)	355	(17.2)	1	(1.1)
20-24	4,640	(37.8)	520	(25.2)	9	(9.7)
25-29	1,659	(13.5)	335	(16.3)	19	(20.4)
30-34	734	(6.0)	284	(13.8)	27	(29.0)
35-39	372	(3.0)	220	(10.7)	17	(18.3)
40+	303	(2.5)	302	(14.7)	20	(21.5)
Unknown	197	(1.6)	19	(0.9)	0	(0.0)
TOTAL	**12,270**	**(100)**	**2,061**	**(100)**	**93**	**(100)**
Ethnic/Race						
White	5,690	(46.4)	882	(42.8)	63	(67.7)
Black	1,534	(12.5)	493	(23.9)	5	(5.4)
Hispanic	1,827	(14.9)	176	(8.5)	16	(17.2)
Native Hawaiian/Other Pacific	136	(1.1)	16	(0.8)	0	(0.0)
Asian	436	(3.6)	33	(1.6)	4	(4.3)
Native American	383	(3.1)	47	(2.3)	1	(1.1)
Multi	266	(2.2)	36	(1.7)	1	(1.1)
Other	93	(0.8)	16	(0.8)	0	(0.0)
Unknown	1,905	(15.5)	362	(17.6)	3	(3.2)
TOTAL	**12,270**	**(100)**	**2,061**	**(100)**	**93**	**(100)**

Provider Type	**Cases**	**# Prov**	**Cases**	**# Prov**	**Cases**	**# Prov**
Community Health Ctr.	388	32	110	23	4	1
Emergency Care (Not Hosp.)	271	39	107	28	0	0
Family Planning	2,351	49	123	34	0	0
Health Plan/HMO's	466	41	75	27	2	2
Hospitals	1,171	88	283	48	19	12
Indian Health	181	21	25	6	0	0
Jail/Correction/Detention	530	31	106	18	1	1
Migrant Health	426	22	46	12	1	1
Military	497	12	84	7	0	0
Neighborhood Health	101	16	14	9	0	0
OB/GYN	755	101	62	36	2	1
Other	2,419	496	398	188	16	11
Private Physician	274	112	53	23	11	4
Reproductive Health	1,055	19	84	13	3	3
STD	934	27	453	12	34	6
Student Health	451	20	38	8	0	0
TOTAL	**12,270**	**1,126**	**2,061**	**492**	**93**	**42**

WASHINGTON STATE REPORTED STDs BY COUNTY JANUARY - SEPTEMBER 2003
SEXUALLY TRANSMITTED DISEASE SERVICES (360) 236-3460

	CT	GC	HERPES	P & S	EL	L/LL	CONG	TOTAL
Adams	23	4	3	-	-	-	-	0
Asotin	40	2	9	-	-	1	-	1
Benton	262	14	45	-	-	1	-	1
Chelan	127	2	15	-	2	1	-	3
Clallam	104	4	29	-	-	-	-	0
Clark	637	128	32	4	1	6	-	11
Columbia	0	0	0	-	-	-	-	0
Cowlitz	130	8	10	-	-	1	-	1
Douglas	49	2	7	-	-	1	-	1
Ferry	5	0	0	-	-	-	-	0
Franklin	142	0	6	1	-	2	-	3
Garfield	0	0	0	-	-	-	-	0
Grant	155	12	12	-	-	1	-	1
Grays Harbor	105	6	8	1	-	-	-	1
Island	132	13	16	-	-	-	-	0
Jefferson	47	2	7	-	-	-	-	0
King	3,758	1,026	470	41	22	35	-	98
Kitsap	503	70	49	-	-	3	-	3
Kittitas	59	2	6	-	-	-	-	0
Klickitat	27	1	3	-	-	-	-	0
Lewis	101	6	10	1	1	1	-	3
Lincoln	4	0	1	-	-	-	-	0
Mason	69	11	8	-	1	2	-	3
Okanogan	97	5	10	-	-	-	-	0
Pacific	32	3	2	-	-	-	-	0
Pend Oreille	10	0	3	-	-	-	-	0
Pierce	2,099	393	168	1	3	9	-	13
San Juan	5	0	2	-	-	-	-	0
Skagit	160	18	23	-	-	4	-	4
Skamania	5	0	0	-	-	-	-	0
Snohomish	1,077	108	192	7	4	8	-	19
Spokane	692	77	124	-	-	2	-	2
Stevens	41	2	6	-	-	-	-	0
Thurston	386	31	67	-	-	2	-	2
Wahkiakum	2	0	1	-	-	-	-	0
Walla Walla	78	2	15	-	-	1	-	1
Whatcom	322	34	57	-	-	-	-	0
Whitman	87	5	6	-	-	-	-	0
Yakima	698	70	63	2	1	6	-	9
YEAR TO DATE	12,270	2,061	1,485	58	35	87	0	180
PRV YR TO DATE	10,875	2,157	1,430	44	16	49	1	110
% CHANGE	+12.8%	-4.5%	+3.8%	+31.8%	+118.8%	+77.6%	-100.0%	+63.6%

CT = Chlamydia Trachomatis
GC = Gonorrhea
HERPES = Initial Genital Herpes
P/S = Primary & Secondary Syphilis
EL = Early Latent Syphilis
L/LL = Late/Late Latent Syphilis
CONG = Congenital Syphilis

Monthly Tuberculosis Case Totals by County
2002-2003

	JAN		FEB		MARCH		APRIL		MAY		JUNE		JULY		AUGUST		SEPT		OCT		NOV		DEC		TOTAL	
COUNTY	**2002**	**2003**	**2002**	**2003**	**2002**	**2003**	**2002**	**2003**	**2002**	**2003**	**2002**	**2003**	**2002**	**2003**	**2002**	**2003**	**2002**	**2003**	**2002**	**2003**	**2002**	**2003**	**2002**	**2003**	**2002**	**2003**
Adams						1																			**0**	**1**
Asotin																									**0**	**0**
Benton							1							1											**1**	**1**
Chelan						1							1	3											**1**	**4**
Clallam		1																							**0**	**1**
Clark					1			1			1		1			4	1				2		4		**10**	**5**
Columbia																									**0**	**0**
Cowlitz							1							1					1						**2**	**1**
Douglas						1		1									1								**1**	**2**
Ferry																									**0**	**0**
Franklin					1	1					1	1		2									1		**3**	**5**
Garfield																									**0**	**0**
Grant			1						1																**2**	**2**
Grays Harbor		1					1																		**1**	**1**
Island		1																							**0**	**1**
Jefferson																									**0**	**0**
King	8	10	3	14	19	13	13	8	12	14	15	3	15	20	12	18	16	14	13		15		17		**158**	**123**
Kitsap	2		1							1					1				1				1		**6**	**1**
Kittitas																									**0**	**0**
Klickitat											1														**1**	**0**
Lewis																									**0**	**0**
Lincoln																									**0**	**0**
Mason				1		1																			**0**	**2**
Okanogan										1				1			1								**1**	**2**
Pacific																									**0**	**0**
Pend-Oreille																									**0**	**0**
Pierce	2	1	2	1	1		1	2	1	1	2		2	2		2	2	1	2		1				**16**	**10**
San Juan													1												**1**	**0**
Skagit					1										2			1							**3**	**1**
Skamania																									**0**	**0**
Snohomish		3	2		2	2	1		1		2		1	1		1	2	2	1		1		3		**16**	**10**
Spokane			1		1	1					2			3			1		1		1				**7**	**4**
Stevens																									**0**	**0**
Thurston			1		1			1						1									1		**3**	**2**
Wahkiakum																									**0**	**0**
Walla Walla							1	1	1				1												**3**	**1**
Whatcom	1		1							1			2	1					1		1		1		**7**	**3**
Whitman									1																**1**	**0**
Yakima	1	1			1				2			2		2			3				1				**8**	**5**
State Total	**14**	**18**	**12**	**16**	**28**	**21**	**19**	**14**	**19**	**18**	**24**	**6**	**24**	**38**	**15**	**25**	**27**	**18**	**20**		**22**		**28**		**252**	**188**
YTD State Total	**14**	**18**	**26**	**34**	**54**	**55**	**73**	**69**	**92**	**101**	**116**	**107**	**140**	**145**	**155**	**170**	**182**	**188**	**202**		**224**		**252**		**252**	**376**

Note: Detailed analysis of tuberculosis morbidity is contained in "Washington State Tuberculosis Epidemiological Profile - 1998" and is available to order from the State TB Program by calling (360) 236-3443.

Deadline Details For *Washington State Responds* Quarterly Newsletter

The deadline for the next issue of ***Washington State Responds*** is **December 20, 2003**. The calendar start date for the issue is **February 5, 2004**. To submit information, corrections, or to be added or dropped from the mailing list, contact Teri Eyster Hintz, Washington State Department of Health, HIV Prevention and Education Services, P.O. Box 47840, Olympia, WA 98504-7840. You may also telephone her at: (360) 236-3425 or call the Washington State Hotline at **1-800-272-2437, ext. 0** to leave a message**.** You may fax your information to (360) 236-3400, or preferably send via e-mail to: **Teri.Hintz@doh.wa.gov.**

We greatly appreciate news of your work or your organization!

Thank you for taking the time and effort to write, call, fax or e-mail!

DOH, HIV/AIDS PREVENTION AND EDUCATION SERVICES

Disclaimers and Notice of HIV/AIDS Content

Washington State Department of Health, HIV/AIDS Prevention and Education Services publishes information in this quarterly newsletter, ***Washington State Responds,*** as a courtesy to our readers, however, inclusion of information coming from outside of the Washington State Department of Health does not necessarily imply endorsement by the Washington State Department of Health.

The content of this newsletter is for informational purposes only and is not intended to be a substitute for professional medical advice, diagnosis or treatment.

This newsletter may contain HIV prevention messages that may not be appropriate for all audiences. Since HIV infection is spread primarily through sexual practices or by sharing syringe needles, prevention messages and programs may address these topics. If you are not seeking such information or are offended by such materials, you can be removed from this mailing list by calling (360) 236-3472.